1/2	PLACE O	-1	1	rele			00	Registr	ation Dist. No	137
	Village or (	City	olius	ville !	Dest	No			St.	, War
	Length of res	idence in city	or town where	death occurred	yrsmo:				NAME instead of street	
2.	FULL NA	ME	Jan	us	Tolome	an O	illan	gh		
	(a) Resider	nce: No(				St.,	Ward.	X		
	PERSON	AL ANI	STATIST	(Úsual plac		1	MEDICAL		ATE OF DEAT	
3. SEJ		1	OR RACE	5. SINGLE, MA	RRIED, WIDOWED.	21. DAT	E OF DEAT		(8)	, 193 <b>(</b> (Year)
ı	married, widow HUSBAND of (or) WIFE of	ved, or divor		4 ogl		22.	1 HERE 5-18	BYCERT	TIFY. That I atter	
7. AG				July	19,1865	to have occ	h alive on curred on the date	stated above, at	450 pm.	ユニュー, 19之足 3 仏.; death is sa
7	8. Trade, profe	ession, or par	ficular SPINNER	129	1 day,hrs. ormin.	The PRING were as fo	CIPAL CAUSE OF I	EATH and relate	d causes of importance	Date of ons
UPATIO	9. Industry or work wa		s SPINNER, ER, etcwhich LK MILL,	etical +	armen	ar	terio	Heler	**************************************	4 hr
0 1	O. Date deceas	ed last work	ed at	sp	time (years) ent in this cupation	Other Con-	dil	tet	~~·	
-	RTHPLACE (c) (State or cou		me			O(liet Con	tributory Causes of	importance:		
포	3. NAME	hu	w. a	llau	gly					*
FAT	4. BIRTMPLACI	E (city or tov r country)	(n)	nd					Date	
HER 1	5. MAIDEN NA	ME &	nuly	J. mos	ning star				ICE) fill in also the folio	
	6. BIRTHPLACI		/n)	Hed	,				Date of Injury	, 19
17. INFORMANT Mus Johns albaugh (Address) Washmansler Sud					Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		State) C PLACE.			
18. BU	Place LO			Date Mu	ry 20 ,1936		Injury			
19. UN	(Address)	Life	esty le	May	y d	-	ease or injury in e		occupation of deceased	17
20. FI	LED Zua	419.1	36 7	1 Dec	free Registrar.	(Signe	ed)/	lucion	H. Lagg	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	-5
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   REVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhuge	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

S. No.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis IIIM 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. V CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

certificate.

See instructions on back of

TION is very important.

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	510
EATH	5120		,	OII

1. PLACE OF	DEATH			5120	
	rederick			Registration Dist. No. 182	
Village or Cit	y Burkitts	ville	CIF	NoSt.,  death occurred in a hospital or institution, give its NAME instead of street and if	Ward
Length of resid	ence in city or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAM	me Edward O.	Ausher	man	If U. S. Veteran, specify WAR	
(a) Residence	e: No	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
PERSONA	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX	OR DIVORCED (write the word)			21. DATE OF DEATH	, 193 6 (Yeer)
5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced Alice Aush	nerman		22. HEREBY CERTIFY. Thet I attended  Optil 15, 1936, to May 1.	deceased from
6. DATE OF BIRTH (n	month, day, and year) Se	ept 5. 1	853	I last saw have alive on July 19 1, 19 9 6	
7. AGE Years		Deys	If LESS than	to have occurred on the date steted elroye, et 3_ Pm.	
72	8	17	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onsat
8. Trade, profess kind of wo SAWYER	sion, or particuler ork done, es SPINNER, BOOKKEEPER, etc	larmer		CAREMANNA DEPORTAL	1925
9. Industry or b	usiness in which done, es SILK MILL, BANK, etc.			1 Premary 37	-1-700
10. Date deceased this occupy year)	d last worked at etion (month and	S pt	time (years) ent In this supetion20	7 963	
12. BfRTHPLACE (city (State or count	(or town) Burkitt	sville		Other Camtributory Causes of importence:	~~~~~
	ilhman Aush	nerman			
13. NAME 11.	(city or Bwarlitts	ville,	IId.	Name of operation what test confirmed diagnosis: A confirmed we sthere en	Ma
15. MAIDEN NAM	E Elizabeth	Wetnie	ht	23. If death wes due to external ceuses (VOL ENCE) fill in elso the following	
I	(city or town)Burl			Accident, suicide, or homicide? Date of Injury	
	lice Ausher		P.3	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATI	Burkitter on, or removal of God Cem		Id .	Manner of Injury	
19. UNDERTAKER(Address)	Gladhill (	lompany		24. Was diseas or injury In any wey related to occupation of deceased?  If so, specify	0-10
2). FILED DALS	420, 1936 Par	sugar	Registrar.	(Signed) Le desur Justin (Address) De Sussimal.	HCL.D.
V	If more	blank are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial Apparitis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Vuly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	111491,1000	Gast Contact and	1 gear

V. S. No. 1

infor-

D. Every item

1. PLACE OF DEATH	Within the Corporate M	CERTIFICATE OF DEATH	31
County Frederick		Registration Dist. No	of 1
Village or City Frederick	W.C.	No. 242 West 5th St. St., f death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in city or town where dea		ds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME James V.	Baer	U. S. Veteran, specify WAR NO	
(a) Residence: No. 242 W.	Usual place of abode)	St., Wards If nonresident give city or town a	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Λ
3. SEX 4. COLOR OR RACE !	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH 70 (Month) (Day)	, 193 (Yeer)
ia. If married, widowed, or divorced HUSBAND of			
(or) WIFE of Cora Bar		1 HEREBY CERT DEN. That I attend	ed deceased re
DATE OF BIRTH (month, day, and year) Jan	.24 1846	I last saw hall alive on Wey to 199	e: death is sa
. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at 1-1-1-1-m.	
90 3	26   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	10. (
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	44 mag 73	1	Date of ons
	tired rermer	Chime Myocaration	6
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date declared last worked et this occupation (month and year)	11. Totel time (years) spent in this		
year) 1928	occupation 45	Other Contributory Causes of Importance:	
z. BIRTHPLACE (city or town)liiddle			
(State or country)	Md.		
13. NAME Philip Baer			
14. BIRTHPLACE (city or town) III dal	etown, Ila.	Name of operation Date of	
		What test confirmed diagnosis? Was there a	
		23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Date of injury	•
16. BIRTHPLACE (city or town) Midal (State or country)	V. QV. 1111-9 A. 101 A	Where did injury occur?	3.000
7. INFORMANT George Cull	er	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC	itate) PLACE.
(Address) Frederick. II	d.		
8. BURIAL, CREMATION, OR REMOVAL Luth		Manner of injury	
PlacePlace	Date 5/23 , 19 36	Nature of injury	~
19. UNDERTAKER Gladbill Cor		24. Was disease or injury in any vey related to occupation of deceased?_	No
(Address) Middle town	1110	If so, specify	
20, FILED 3-13-5 A	MILLORINA	(Signed)	M-A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago PINEAU V C Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 near

V. S. No. 1 N. B.—V

STATE OF	MARYLAND-CI	ERTIFICATE	OF	<b>DEATH</b> 5 1 7 9
----------	-------------	------------	----	----------------------

County Frederick  Village or City near Frederick, Md.  No. Ballenger Creek Pikes  (If death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death of residence in city or town where death occurred 65 yrs.  Length of residence in city or town where death occurred 65 yrs.  The Name Annie E.N. Baker  Out of the Street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution, give its NAME instead of street and number death occurred in a hospital or institution instituti	ds.
(If death occurred in a hospital or insultation, give its NAME instead of street and number Length of residence in city or town where death occurred 55 yrs	ds.
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. Wof foreign birth? yrs. mos.	ds.
2. FILL NAME Annie E.N. Baker (Lite's Motorn appoint WAR no War Veter	an
TO STATE OF	
(a) Residence: No. near Frederick, Md. st., Ward.	
R. S. D. 4. (Usual place of abode)  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW (Month) (Day) (Month) (Day)	6 Year)
5a. If married, widowed, or divorced HUSBAND of Coopers F Rolling 22, I HEREBY CERTIFY. That I attended decea	
May 2, 19 36 to May 23,	9 36
6. DATE OF BIRTH (month, dey, and year) Dec. 25. 1855   Hast saw her elive on May 23, 1936; deel	th Is seld
7. AGE Years Months Deys If LESS than to heve occurred on the date steted above, et 4 P m.	- 1
80 5 28 1 day,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	nofonest.
8. Trade, profession, or perticular kind of work done, as SPINNER, Housewife SAWYER, BDOKKEEPER, etc.	23/3
9. Industry or business in which work was done, as SILK MILL, At home SAW MILL, BANK, etc.	
10. Date decessed last worked et this cocupation (month end 4/36 spent in this 55	
Month and	riod yea
ш 13. NAME John Nickelson	
13. NAME John Nickelson  14. BIRTHPLACE (city or town) Maryland Name of operation Date of Date of	
(Stete or country) What test confirmed diagnosis? Wes there an autops:	, No
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
16. BIRTHPLACE (city or town) Maryland Accident, suicide, or homicide? Date of Injury	19
Where did injury occur?  (Specify city or town, county end State)  17. INFORMANT Harvey G. Baker  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
(Address) Frederick, Md. R. D. # 4	
18. BURIAL, CREMATION, OR REMOVAL  Manner of Injury	
PlaceIt. Cem. Hyattstown May 26, 1936. Nature of Injury.	
19. UNDERTAKER M. R. Etchison & Son  (Address) Frederick, Md.  (Address) Frederick, Md.	
20. FILED 25: May 1936. Dra J. M. Curly (Signed) Frederick, Marylan (Address) Frederick, Marylan	nd <sup>M. D.</sup>
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example T.	D	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis BUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

÷	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	
ould Occ	County Frederick	Registration Dist. No.
item of should of OCC	Village or City 2 2 miles South of Frederic	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
*	Length of residence in city or town where death occurredyrs,mos.	
Every SIANS ement	2. FULL NAME 6 harles H. Banks	en Put, Two weteron-
COAD. Every PHYSICIANS	(a) Residence: No. Hanson ville, o	St. Ward. 4) 10 X -
	(Usual place of abode)	len hour . If nonresident give city or town and State
RECC. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T.X	male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
IDING IANEN A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Corn and La Bealf Baugher	22. I HEREBY CERTIFY, That I attended deceased from
ZXZ.	5. + 11/1002	19   19   19   19   19   19   19   19
	6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months Days   1f LESS than	to have occurred on the date stated above, at
FOR IS A I stated proper	43 9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
- 10	8. Trade, profession, or perticular kind of work done, as SPINNER into SAWYER, BOOKKEEPER, etc.	Date of one of
H P P	SAWYER, BOOKKEEPER, etc.	Cardia targer.
RV oulcoulc	work was done, as SILK MILL, SAW MILL, BANK, etc.	provide due de
NR NR	10. Date deceased last worked et this occupation (month and spant in this	dorang see me sx
RE I	year) 1936 occupation	Other Contributory Causes of mportance:
4 4	12. BIRTHPLACE (city or to a Justemy Comy	found decide
MARGIN UNFADI supplied. n terms, so ee instruct	(State or country) Many land	H. G. M. C. A. W. T.
	I	Vanda de cele Celara barbara
	14. BIRTHPLACE (city or town) recommendation (State or country) many bound	What test confirmed diagnosis OND NEW Case Was there an autopsy?
WITTH fully n plain	15. MAIDEN NAME Mary Ramaling	23. If death was due to external causes (VIOLENCE) fill in also the following:
INLY, WJ be carefu EATH in j	5 16. BIRTHPLACE (city or town) Thermfain date	Accident, suicide, or homicide?
be compound in po	E (State or country) Fusien Ma	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT imaneta Baugher	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
PLA Should OF D	(Address) Hansamuly  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
E 60 .44	Place Terriston Date June 3, 1936	Nature of Injury
WRITE mation sCAUSE	19 UNDERTAKER Harry E. Carty Co	24. Was disease or injury In any way related to occupation of deceased?
9	(Address) I dedente / md.	If so, specify
S. CT	20, FILED 3- June 136 Da & In Ecualy	(Signed) IS G Jayrne M.
b Z	Registrar.	(Address) Medical Dens
	If more blahks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example	1	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhade	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-D. Every item of N. B.—WRITE PLAINTY, WITH UNFADING INK—THIS IS A PERMANENT RECO MARGIN RESERVED FOR BINDING

V. S. No. 1

infor-

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
	1. PLACE OF DEATH	948 117	4
-	County I rederick	Registration Dist. No. 14	)
7	Village or City My eravelles	NoSt.,	Ward
		death occurred in a hospital or institution, give its NAME instead of street and the death of the death of the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution, give its NAME instead of street and the death occurred in a hospital or institution.	
	2. FULL NAME Many Elizabett	Sittle Veteran specify WAR	
	(a) Residence: No. Mahers Allo M	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS		
	Jemul White S. Single, Married, Widowed, OR Divorced (write the word)	21. DATE OF DEATH May (Day)	, 193 (Year)
	5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY, That   attended	deceased from
	(or) WIFE of Leonge W. Brille	May 4 ,13 4, 10 May 8	, 1936
te.	6. DATE OF BIRTH (month, day and year) May 22, 186)	i last saw h 27 alive on May 8 , 196	_; death is said
fica	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 330 m.	
certificate	/ / / / / / / / / / / / / / / / / / /	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	<i></i>	06 6
75	2 9. industry or business in which	Corman Harman	9 by in
bac	work was done, as SILK MILL, CLLY Home	J. O. D. Land D. C. L.	9-1-1735
no	10. Date deceased last worked at this occupetion (month and 14.3 spent in this year).		
instructions	year) occupation 10	Other Coatributory Causes of importance:	
ucti	12. BIRTHPLACE (city or town) Wy State or country)	1.1 1220 X	
str	13. NAME (2) 22 Courts alim	afteria schrosis	
	14. BIRTHPLACE (city or town) mean myser styrills (State or country)	Name of operation 24.524 Date of	
See	(State or country)	What test confirmed diagnosis? Was there an	autopsy? Zo
nt.	15. MAIDEN NAME Sonah Coll Hart	23. If death was due to external causes (VIOLENCE) fill in also the following	g:
important	16. BIRTHPLACE (city or town) myersuffleff) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
odu	S (State or country)	Where did injury occur?(Specify city or town, county and Sta	4-)
	17. INFORMANT JOBO N BULLE of 4	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
very	(Address)  18. BURIAL-CREMATION, OR REMOVAL	2.54	
. C2	Phoe C' Co Date 5111 369	Manner of injury	
LION	of Thirty Cornelly My Ersviley	Nature of injury	24 2
TI	19. UNDERTAKER STEELS STORY (Address)	24. Was disease or injury in any way related to occupation of deceased?4	
1	m. a de Missi Stoward V	(Signed) Islamen Hark	M. D.
	20. FILED May 1926 William of William. Registrar.	(Address Wied Alexans	med

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	23		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ANTENDATION

County  Village or City  Month of presidence in city or two where death occurred, If yes, If Month occurred in a hospital or institution, give in NAME innected of users and sumber)  See In Marked  A Residence: No. Lease States and States St. Ward.  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  A COLOR OR RACE  S. SEX  A COLOR OR RACE  S. SEX, Marked National Word of National States of Consultation of National States of Consultation of National States of Consultation of National States of National States of Consultation of National States	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village Dr City    No.   No.   And	1. PLACE OF DEATH	93-2
Cleans have death occurred. He wong in U.S. if of forsign birth?  2. FULL NAME    Superior   Superior   Superior	County predereck	Registration Dist. Np. 144
Langth of residence in city or town where death occurred 14. yr. 1 mos. 4s. 15. Mov long in U.S. if of foreign birth? yrs. mos. 4s.  2. FULL NAME   It   It   It   It   It   It   It   I		
(a) Residence: No. Learn Commission (Commission of State Personal and State State of	length of regidence in gifty or fewer when doubt 1744 44	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: ND. Lease (Unaphace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX Male  4. COLOR OR RACE  Ox. DAVIGACID (Surviva Market), WIDOWED  Ox. DAVIGACID (Surviva Market), WIDOWED  Ox. DAVIGACID (Surviva Market), WIDOWED  Ox. DAVIGACID (Surviva Market)  5.8. If married, widowed, or divorced  (Ca) DATE OF BIRTH (month), 6yy, and year for market in the surviva market in the survi	//	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  Male  4. COLOR OR RACE  1. S. SWALE, MARRIED, WIDOWED  1. DATE OF DEATH  1. DATE OF DEATH  2. DATE OF DEATH  3. Trade, profession, or, particular membrane  4. COLOR OR RACE  1. DATE OF DEATH  2. DATE OF DEATH  3. Trade, profession, or, particular membrane  4. DATE OF DEATH  3. Trade, profession, or, particular membrane  4. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  3. Trade, profession, or, particular membrane  4. DATE OF DEATH  2. DATE OF DEATH  3. Trade, profession, or, particular membrane  4. Date of Death  5. Jinds or country)  5. Date of ceased last worked at service as a follows:  5. Jinds or country)  5. Jinds or country)  6. Date of Contributory Casses of importance:  6. Date of Contributory Casses of importance:  6. Date of Contributory Casses of importance:  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or, particular membrane  8. Take profession, or, particular membrane  9. Indicate or country  9. Indicate or country  10. Date of contributory Casses of importance:  11. Date of Contributory Casses of importance:  12. BIRTHPLACE (city or town)  13. AMME  14. BIRTHPLACE (city or town)  15. Malden Name  16. BirthPlace (city or town)  16. BirthPlace (city or town)  17. INFORMANIA  18. Burthplace (city or town)  19. Date of country  19. What test confirmed diagnosis?  19. What test confirmed diagnosis?  19. What test confirmed diagnosis?  19. What casses of importance:  19. What casses of importance:  19. Date of country  19. What casses of importance:  19. Gatath was due to external causes (VIOLENCE) fill in also the following:  19. Manner of Injury  19. What casses of importance were as fol		ok.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX Male (COLOR OR RACE)  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DAY OF CORD OR DAY OF CO		
3. SEX ACL  4. COLOR OR RACE  April  5. SUNCER, MARRIED, WIDOWED, ON-DISOMEED Currie the word)  6. If namined, videwed, or divorced  6. DATE OF BIRTH (month, var, and year)  6. DATE OF BIRTH (month, var, and year)  7. AGE  Years  8. If ade, profession, or particular  8. If ade or word done as \$5 PINNER, Pattern Makes  9. Industry or business in which as \$5 PINNER, Pattern Makes  9. Industry or business in which as \$5 PINNER, Pattern Makes  9. Industry or business in which and year or business in which are an autopay?  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Manuer of popration.  Date of country or year or way, comits and State)  16. Date of injury occurred in INOUSTRY, in NOME, or in PUBLIC PLACE, (Address)  17. INFORMANT OF REMOVAL  Place  18. BURLAL, CREMATIDS, OR REMOVAL  19. UNDERTAKE ALL CREMATIDS, OR REMOVAL  19. UNDERTAKE OF DEATH OF DEATH OF THE ALL CREMATIDS, OR REMOVAL  19. UNDERTAKE OF DEATH OF THE ALL CREMATIDS, OR REMOVAL  19. UNDERTAKE OF DEATH OF THE ALL CREMATIDS, OR REMOVAL  19. UNDERTAKE OF DEATH OF THE ALL CREMATIDS,		
Male While Observation words  50. If married, vidowed, or divorced HUSBANO of (CA) BHIS DAY  6. DATE OF BIRTH (month, bay, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, Pattern Make  8. Industry or business in which  1. Industry or business in whic		
58. If married, widowed, or divorced HUSBANO of GAPABATO AL HORST MAGE HORST MONTH MAGE HOR	Male While OR DIVORCED (write the word)	man of
12. I HEREBY CERTIFY, That I attended deceased from the particular of the particular	5a. If married, widowed, or divorced	The state of the s
19. Date of Birth (month, May, and year)  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, Public Representation of the profession, or particular kind of work done, as SPINNER, Public Representation of the profession, or particular kind of work done, as SPINNER, Public Representation of the profession, or particular kind of work done, as SPINNER, Public Representation of the public Public Place.  7. AGE  8. Trade, profession, or particular altered as alive do base stated above, at 7. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  8. Trade, profession, or particular flows and public Representation of the public Place.  7. Informant  7. Informant  8. Trade, profession, or particular flows and public Representation of the public Rep	HUSBANO of Zee and G. Q.	22. I HEREBY CERTIFY, That I attended deceased from
7. AGE  Years  Month  Days  IT LESS than 1 day, hrs. or min. S. Trade, profession, or particular side of own dome, as SPINNER, Patturn  SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL. Nade Patturg  10. Date deeseed last worked at this occupation (State or country)  12. BIRTHPLACE (city or town)  (State or country)  Maryland  13. NAME  William  Was there an autopsy?  Was there an autopsy?  14. BIRTHPLACE (city or town)  (State or country)  Maryland  Name of operation.  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?  No Date of injury  North and is injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  14. BURIAL, CREMATIDN, OR REMDVAL Place  Place  Place  Date Maryland  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  19. Date Maryland  Name of operation.  Was there an autopsy?  24. Was disease or injury in any way related to occupation of daceased?  15. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  Manner of injury  19. Was disease or injury in any way related to occupation of daceased?  18. Specify  Manner of injury  19. Was disease or injury in any way related to occupation of daceased?  19. Address)  Manner of injury  Nature of injury  Nature of injury  19. Was disease or injury in any way related to occupation of daceased?  19. Address)  Manner of injury  Nature of injury  Nature of injury  19. Was disease or injury in any way related to occupation of daceased?  19. Address)  Manner of injury  19. Was disease or injury in any way related to occupation of daceased?  19. Was disease or injury in any way related to occupation of daceased?  19. Was disease or injury in any way related to occupation of daceased?  19. Was disease or injury	Maggie Oyers Wook Sout	mar 15 1936,10 may 26, 1936
8. Trade, profession, or particular wind of work dome, as \$FINNER, Pattern Make.  9. Industry or business in which shall be pattern with a securation (month and year).  10. Date deceased last worked at this occupation (month and year).  11. Total time (years) specific filters specific filters.  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  17. INFORMANT.  18. BURIAL, CREMATION, OR REMOVAL Place.  18. BURIAL, CREMATION, OR REMOVAL Place.  19. UNDERTAKER  19. UNDERTAKER  19. O Date of injury.  19. UNDERTAKER  19. O DATE of Securation of deceased?  10. O Date of Linguistic filters of the securation of deceased?  10. Date of country)  11. Total time (years) specify whether injury occurred in INOUSTRY, in HOME, or in Public Place.  12. BURIAL, CREMATION, OR REMOVAL Place.  13. Manner of Injury.  14. BURIAL CREMATION, OR REMOVAL Place.  15. Manner of Injury.  16. BURIAL CREMATION, OR REMOVAL Place.  17. INFORMANT.  18. BURIAL CREMATION, OR REMOVAL Place.  18. BURIAL CREMATION, OR REMOVAL Place.  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  19. O DATE of Injury.  19. UNDERTAKER  19. O DATE of Injury in any way related to occupation of deceased?  18. O DATE of Injury.  19. UNDERTAKER  19. O DATE of Injury.  19. UNDERTAKER  19. O DATE of Injury in any way related to occupation of deceased?  10. O DATE of Injury.  19. UNDERTAKER  19. O DATE of Injury.  20. FILED MAN. 2. 19. 3. O DATE of Injury.  21. Injury occurred in INOUSTRY, in HOME, or in Public Place.  22. Was disease or injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?  25. If death was due to external causes (VIOLENCE) fill in also the following:  26. O DATE of Injury.  27. Was disease or injury in any way related to occupation of deceased?  28. O DATE of Injury.  29. O DATE		I last saw here alive on May 2 50, 19 36; death is said
3. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOKKEPER, etc. Patturn maker  9. Industry or business in which says as SINNER, SAWYER BOKKEPER, etc. Patturn maker  9. Industry or business in which says as silk MILL, SAW MILL, BANK, etc.  10. Date doesaed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. Date of one of injury  Where dis Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury in any way related to occupation of daceased?  16. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  19. D. Date of one of injury  Nature of injury  Nature of injury  Nature of injury  (Signed)  18. O. Date of country  Nature of injury in any way related to occupation of daceased?  18. O. Date of country  Nature of injury  (Signed)  M. D.	The state of the s	to have occurred on the date stated above, at 9.7. m.
S. Alberty of Dokkeffer, etc.  9. Industry or business in which work was done, as SILK MILL, D. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. INCIDENT OF MARKET CONTROL (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURIAL, CREMATIDA, OR REMDVAL Place  18. BURIAL, CREMATIDA, OR REMDVAL Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. OR THED  19. UNDERTAKER  (Address)  19. OR THED  19. OR THE	0 14 4 21 ormin.	Meta as tollows.
SAWKEPER, BOCKEPER, etc.  9. Industry or business in which work was done, as SILK MILL.  SAW MILL, BARK, etc.  179.36  Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  William Make Mark Carriage  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Mark Carriage  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATIDN, OR REMDVAL  Place  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. Date  19. UNDERTAKER  (Address)  19. Date  19. UNDERTAKER  (Signed)  19. Mark  19. Oregan  M. D.  19. Was disease or injury in any way related to occupation of daceased?  19. UNDERTAKER  (Signed)  19. Mark  M. D.  M. D.	Kind of work dona as SPINNER W	Date of onset
work was done, as SILK MILL. Inade Pattona  SAW MILL BARK, etc.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  Maryland  Name of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  16. BIRTHPLACE (city or town)  (State or country)  Dither Contributory Causes of importance:  Name of operation  Date of  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify city or town, country and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  19. Date May 28, 19.3.6 Amma M. And	SAWYER, BDOKKEEPER, etc. Pallum / Maker	Throwne Myo canditie Mass,
Description (month and 1926 spanit in this social patient (month and 1926 spanit in this social patient (month and 1926 spanit in this social patient (state or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATIDN, OR REMDVAL  Place  18. CREMATIDN, OR REMDVAL  Place  19. UNDERTAKER  (Address)  19. Manne of operation  Date of  What test confirmed diagnosis?  Was there an autopsy?  20. FILED  Manne of operation  Date of  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER  (Address)  11. Total tima (years)  Spanit in this  Occupation  Address  Manner of Injury  Nature of injury  19. Was disease or injury in any way related to occupation of daceased?  11. Specify  (Signed)  M. D.	work was done, as SILK MILL, 2nd Cotto	0 1436
Description occupation 13. Description occupation 13. Description occupation 13. NAME Milliam of Black  14. BIRTHPLACE (city or town)	10. Date deceased last worked at 11. Total time (years)	
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATIDN, OR REMDVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED May 25, 1936  Amana M. Agreea  11. State or country  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Specify city or town, country and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  Manner of Injury  Nature of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  19. UNDERTAKER (S	this occupation (month and 1924 spant in this occupation / J	
13. NAME   William   Black   14. BIRTHPLACE (city or town)   Marylland   What test confirmed diagnosis?   Was there an autopsy?   15. MAIDEN NAME   Marylland   What test confirmed diagnosis?   Was there an autopsy?   23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?   Oate of injury   19.   Whera did injury occur?   Specify city or town, county and State)   Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was disease or injury in any way related to occupation of daceased?   Was dis	12 PIRTURI ACT (Sheet) 4 Marilla	Dther Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Markla Carrack  16. BIRTHPLACE (city or town)		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Markla Carrack  16. BIRTHPLACE (city or town)	13. NAME W: 00: - A BI-	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME Markla Carrack  16. BIRTHPLACE (city or town)	H WOLLDER	
15. MAIDEN NAME Matthe Carrack  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATIDN, OR REMDVAL Place Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  25. Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER (Address)  16. BIRTHPLACE (city or town)  Carract  Accident, suicide, or homicide?  Carract  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  19. UNDERTAKER (Address)  16. Specify city or town, county and State)  Manner of Injury  19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  19. Was disease or injury in any way related to occupation of daceased?  16. Specify city or town, county and State)  Manner of Injury  19. Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Manner of Injury  (Specify city or town, county and State)  Manner of Injury  (Specify city or town, county and State)  Manner of Injury  Manner of Injury  (Specify city or town, county and State)  Manner of Injury  (Specify city or town, county and State)  Manner of Injury  (Specify city or town, county and State)  Manner of Injury  (Specify city or town, county and State)  Manner of Injury  (Specify city or town, county and State)  Manner of Injury  (Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county and State)  (Specify city or town, county an	(State or country)	
Where did injury occur?  17. INFORMANT  (Address)  18. BURIAL, CREMATIDN, OR REMDVAL  Place  Place  Date  Address  Date	IS. MAIDEN NAME MOSTING	
Where did injury occur?  17. INFORMANT  (Address)  18. BURIAL, CREMATIDN, OR REMDVAL  Place  Place  Date  Address  Date	T TO SECTION AS TO THE TOTAL OF	
17. INFORMANT (Address)  18. BURIAL, CREMATIDN, OR REMDVAL Place Date 110428, 1936  19. UNDERTAKER (Address)  20. FILED May 24, 1936 Arma M. Area (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  (Manner of Injury Nature of injury in any way related to occupation of daceased? If so, specify (Signed) M. D.	State or country)	
18. BURIAL, CREMATIDN, OR REMDVAL  Place The Place Date 140428 , 1936  19. UNDERTAKER Mellification of daceased? No (Address)  20. FILED May 24 , 1936 Anna M. Anna (Signed) 1. (Signed) 1	4. 211	(Specify city or town county and State)
Place The result Date 140428 , 1936  19. UNDERTAKER Manner of injury  19. UNDERTAKER Mellinde Storegas (Address)  24. Was disease or injury in any way related to occupation of daceased? No lift so, specify (Signed)  20. FILED Many 24 , 1936 Manna M. Agresa (Signed)		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Date Hay 28 , 1936 Nature of injury  19. UNDERTAKER Selffield Soregan 24. Was disease or injury in any way related to occupation of daceased? No (Address)  15. OF ILED Way 24 , 1936 Name M. Angel (Signed) M. D. (Signed) M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
19. UNDERTAKER Wellhide & Creege 24. Was disease or injury in any way related to occupation of daceased? No If so, specify (Signed) 19. UNDERTAKER (Si	Place Thursont Date 140428, 1936	
(Address)  15 ONDERTAKER  (Address)  16 So, specify  (Signed)  (Signed)  M. D.	10 HADDEDTAKED Willbide SIR	14
20. FILED Waly 28, 1936 Anna M. Janese (Signed) 19 Jan M. D.	The state of the s	24. Was disease of highly in any way related to occupation of daceased?
20. FILED THE STATE OF THE STAT	25 26 M	man Variation
Acgustat. " (Audiess)	20. FILED 11 19.20 (Ama) 11 . Registrar.	(Address) The hours me

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state of infor-Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH	512
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1. PLACE OF DEATH	23
/ County Frederick,	Registration Dist. No. 139
Village or City State Sanatorium, Md.	No. St Word
(If	death occurred in a horpital or institution, give its NAME instead of street and number)  15 ds. How long in U.S. if of foreign birth?
2. FULL NAME David W. Blizzard	ct Ward Raltimore Maryland
(a) Residence: No. 1300 Light, St. (Usual place of abode)	St., Ward. Baltimore, Maryland.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (qurite the word)  Married	21. DATE OF DEATH  May  (Month)  (Dey)  (Year)
5a. II married, widowed, or divorced HUSBAND of	
(or) WIFE of Lillian Blizzard	22. I HEREBY CERTIFY, That I attended decessed from April 25 1936 to May 10 136
6. DATE OF BIRTH (month, day, and year) Jan. 13 1902	I last saw him elive on May 9 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 9 454 mM
34 3 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
8. Trede, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, Sheet Metal Worker SAWYER, BOOKKEEPER, etc. Sheet Metal Worker 9. Industry or business in which	Pulmonary Tuberculosis Dec.
work was done, as SILK MILL, SAW MILL, BANK, etc.	1935
5.10. Date deceased last worked at 11 Total time (years)	
this occupation (month and 1936 spent in this 3Xrs.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Cities Conditionally Causes of Importance.
(State or country) Maryland.	Tuberculous Meningitis
13. NAME William Blizzard  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation_nonePos-Sputure of
(State of Country) War Viand	What test confirmed diagross?
15. MAIDEN NAME Tillian Parlett  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)  Maryland.	Accident, suicide, or homicide?Date of injury19
	Where did injury occur? (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT David W. Blizzard  (Address) Raltimore Md	Specify whether injury occurred in INDUSTRY, In HOME, OF IN PUBLIC PLACE.
(Address) Baltimore, Md.  18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Balto, Md. Dete Unknown, 19	Nature of injury
19. UNDERTAKER M.L. Creager A	24. Was disease or injury in any way related to occupation of deceased? nO
(Address) Thurmont, Md	If so, specify 1
20. FILED / 10 , 54	(Signed) Illward of Shapen M.D.
Registrar.	(Address) In a fam a long in a ma

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ls.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		the state of the s	
Other contributory causes of importance:		Other contributory causes of maportance:	1
Gallstones	May 1,1923	(Fastroenteritis	1 year
		The same of the sa	
			6
		# **	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING

V. S. No. 1

infor-

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on pack of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH	
1. PLACE OF DEATH .	92-00	
County frederick	Registration Dist. No. / 4	0
Village or City Woodsloo	NoSt.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Susan & B	eller.	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wpite the word)	21. DATE OF DEATH MILLS	/-
J. Il. Widowrd	(Month) (Day)	, f93. (Year)
5a. If married, widowad, or divorced MUSBAND of	22, I HEREBY CERTIFY, That I attended of	deceased from
(or) WIFE of Israh It Boller	Jaw 4 1936 to May 15	19.36
6. DATE OF BIRTH (month, day, and year) Jung 27 /850	Mest saw her elive on Macy 15 0, 1936	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.30 1.m.	•
85 8 /9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:	Dete of onset
8. Trade, profession, or particular kind of work done, as SPINNER,		Detectoriser
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry to usiness in which work was done as SIIK MILL	Elenome endocardites	7
work was done, as SILK MILL, SAW MILL, BANK, etc.	mitral regungetations	
fo. Date decessed last worked et this occupation (month end spant in this	[	
year) occupation	Ohan Carallana Carana i innatana	
12. BfRTHPLACE (city or town)	Other Contributory Canses of importence:	THE THE
(State or country)	General anasarcal	mce.1
13. NAME Francisco (city or town)		1936
f4. BIRTHPLACE (city or town)	Name of operation Dete of	
(State of Country)	What test confirmed diagnosis? Was there an a	utopsy?
f6. BIRTHPLACE (city or town) Manufant	23. If death was due to external causes (VIOLENCE) fill in also the following	
6. BIRTHPLACE (city or town) Manyland	Accident, suicide, or homicide? Date of Injury	, f9
State or country)	Where did injury occur? (Specify city or town, county and State	•)
17. INFORMANT Juson Co. Boller	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	ĆE.
(Address) M. Marke 1St Grederich f8. BURIAL, CREMATION, OR REMOVAL	1	
Place 4 B. Gemeley Date May 18 1936	Manner of injury	
Thurwout	Nature of injury	110
19. UNDERTAKER Jan 18 18 Mary 18 19 19 19 19 19 19 19 19 19 19 19 19 19	and discuss of mighty in only may related to occupation of deceased:	
ne 14 2 10 10	If so, specify (Signed) Jaland Deller	M D
20. FILED PARTY 1926 Registrar.	(Address) Delour no	,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
A TOTO ADDIONADO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	الـــــــــــــــــــــــــــــــــــــ		

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

mation should be carefully supplied.

2

certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH 5178

1. PLACE OF DEATH			
County Frederick	***************************************	Registration Dist. No. 1 2/	5
Village or City liversville  Length of residence in city or town where death occ		No. St.,  death occurred in a hospital or institution, give its NAME instead of street and  ds. How long in U.S. If of foreign birth? yrs.	Ward number)
2. FULL NAME Laura Cathar		If U. S. Veteran, specify WAR	
	Jsual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL  3. SEX 4 COLOR OR RACE 5 SIN		MEDICAL CERTIFICATE OF DEATH	
Female White I	GLE, MARRIED, WIDOWED, DIVORCED (write the word) (ATTIOD	21. DATE OF DEATH May 4 (Month) (Day)	193 6 (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Marion G. Brand	enburg	22. I HEREBY CERTIFY, That I ettandad	, 1936
6. DATE OF BIRTH (month, day, end year) Oct.	30, 1858	I last faw h LL alive on May 4 , 1936	,_; deeth Is said
7. AGE Years Months 6 4	Deys If LESS than 1 dey,hrs. ormln.	to have occurred on the date steted above, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate ol onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		Chronic Ingocardits	1935
this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stata or country)	11. Total time (years) spent in this occupation 56	Other Contributory Causes of importanca:	
		arransacerous	
13. NAME Noah Routzahn  14. BIRTHPLACE (city or town) Myersvi (State or country) Md.	lle	Name of operation	_
15. MAIOEN NAME Rlizabeth 16. BIRTHPLACE (city or town) Germany (State or country)  17. INFORMANT Marion Brander (Address) Myersville, Mc	Turope	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and State Spacify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PI	ng:
18. BURIAL, CREMATION, OR REMOVAL PlaceReform Cem. Middoate		Mannar of Injury - 2COV2	
19. UNOERTAKER Gladhill Compa (Address) Hiddletown, Ho 20. FILED May 7, 1936, Millian	0 01 1 1	24. Was disaase or injury in any way related to occupation of decaesed?  If so, specify  (Signed)  (Address)  (Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	ti	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstilial neptritie	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

N. B.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	PLACE	OF DEAT				23) 04 5179		
	County_			erick,		Registration Dist. No. 139		
	Village	or City	Stat	e Sanat	orium, Md	No. St., War death occurred in a horpital or institution, give its NAME instead of street and number)		
	Length of	f residenca in city	or town where	death occurrad_1	yrs, <b>1</b> mos	.25ds. How long in U.S. if of foreign birth?yrsmosd		
2.	FULL I	NAME	Char	les W.	Carroll	03X -		
	(a) Res	idence: No	7040	Dunbar	Road,	St., Wardundalk, Maryland *  If nonresident give city or town and State		
-	PERS	ONAL AND		ICAL PART		MEDICAL CERTIFICATE OF DEATH		
3. Si	ex ale	4. color	or race	5. SINGLE, MAR OR DIVORCE Marr	RRIED, WIDOWED. D (write the word) ied	21. DATE OF DEATH  May 31 , 193 6  Month (Year)		
5a. I	If married, w HUSBAND (or) WIFE	ridowad, or divore of of		lian E.	Carroll	22. I HEREBY CERTIFY. Thet I ettanded dacaasad fro April 6 ,19 35, to May 31, 19 36		
6. D	ATE OF BIR	tTH (month, dey,	and year) N	ov 10	1899	last sew h im alive on Nay 31 , 186 ; daeth is sa		
7. A		Years 36	Months 6	Days 21	If LESS than 1 day,hrs. ormin.	to heve occurred on the data statad abova, et 3_55P_mM_  The PRINCIPAL CAUSE OF DEATH and raletad causas of importance		
Ži,	6. Trade, p	rofassion, or per	ticular		1 31	Were as follows. Oate of onse		
0		of work done, a YER, BOOKKEEP		lerk				
3	9. Industry Work	or business in k was done, es SI MILL, BANK, at	LK MILL,			Pulmonary Tuberculosis April		
00	O. Oata de	caesed last work	ad at	11. Total t	ime (years)	1933		
-30	year	occupation (mon)	1935	000	upation 15XI	Other Contributory Causes of Importance:		
12.		E (city or town)						
2		country)		aryland		Tuberculous Laryngitis		
표   -	13. NAME	G	eorge	Carroll		Tuberculous Meningitis		
FAT	14. BIRTHPLACE (city or town)					Name of operation_none Pos-Sputum-		
ER.	15. MAIOEN	NAME 1				What test confirmed @posits tr-X-Ray Was there an autopsy? D.Q.  23. If daeth wes due to external ceuses (VIOL ENCE) fill in also the following:		
MOTHER	15. MAIOEN NAME Margaret Miller  16. BIRTHPLACE (city or town)  (State or country) Maryland.					Accidant, suicide, or homicide? Date of injury, 19		
Σ						Whare did injury occur?		
17. I		RMANT Charles W. Carroll (Address) Dundalk, Md.				(Specify city or town, county and State) Spacify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.		
18.	B. BURIAL, CREMATION, OR REMOVAL Place Balto, Md. Oate Unknown 19				known 19	Mennar of injury		
19.	UNDERTAKE (Addrass	R M.	L.Crea		d	24. Was disease or injury in any way related to occupation of deceased? NO		
20.	FILED.	131/20	11101	WY/B	<u> </u>	(Signed) Alewar D. Maffer M. (Address) State Dan a Torum M		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	. 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis JUN 6 1936	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	item	sho	of (	
	Every	IANS	ment	
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(	PLA	pinou	)F D]	very
	RITE	lon sl	SE (	N is
10.1	-WI	mat	CAI	TION is very important. See instructions on hack of certificate.
V. S. No. 1	N. B	(-	1	)

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5180	
1. PLACE OF DEATH .	900	- 1
County Frederick Co	Registration Dist. No. 190	
Village or City Walkersville	NoSt.,	Ward
(If Length of residence in city or lown where death occurred 57_yrsmos	death occurred in a horpital or institution, give its NAME instead of street and num  ds. How long in U.S. if of foreign birth?	
2. FULL NAME toles, of samuel	ton Grawford	
(a) Residence: No. Walkersville (Usual place of abode)	St., Ward.  If nonresident give city or town and Sia	ile /
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 2 ( ) (Month) (Day)	93 6 (Year)
5e. If married, widowed or divorced HUSBAND of (or) WIFE of Willand of Color Crawford	22. I HEREBY CERTIFY, That I attended dec	eased from
1 2 1 6 187 M	May 20 ,1926, to May 21	
6. DATE OF BIRTH (month, day, and year)  7. AGE Yeers Months Days If LESS than	I last say haile alive on Many 2. 1., 1926; d	leath is seld
57 9 15 1 day,hrs.	to heve occurred on the date stated above, at_L_Q_A_a_m.  The PRINCIPAL CAUSE OF DEATH and related couses of importance	
8. Trede, profession, or particular	were es follows:	ate of onset
kind of work done, as SPINNER, Mail carrier SAWYER, BOOKKEEPER, etc.	Coronary ovelasson 1	nagao
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	<i>(</i>	1
0 10. Date deceased last worked at		
this occupation (month and 4/1936 spent in this year)		
12. BIRTHPLACE (city or town) Maryland	Other Contributory Causes of importance:	
(State or country)		
13. NAME Joshua Grawford		
13. NAME SAMUA Grawford 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there en auto	psy?
15. MAIDEN NAME Mary of arshman	23. If death wes due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME MAY Farahman  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	_, 19
(State or country) marylant	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT AND COMMING OF CHARGE MICH	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAR	Manner of injury	
Place W Ca O EM . Date May 523, 1936	Nature of injury	
19. UNDERTAKER S. W. Wright Mels (Address) Walkerwille Mels	24. Was disease or injury in eny way related to occupation of deceased?	ho
20. FILEDRAY 32, 136, R. Ward Stauffer	(Signed) SVER W. World Man	M. D.
If more blanks are needed address State Resistrar	2411 N Charles Street Relimore Persetting 71 S No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II		
The principal cause of death and related cause of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
JUN 2 1936				
Other contributory causes of importance. S		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1
N. B.—WRIT

STATE OF MARY	YLAND-CER	RTIFICATE OF	DEATH	
	Garace Inches	(3)	× 1:	34/
County frederick			Registration Dist. No. / 🛇	4.1
Village or City Treducial	ND.		rive its NAME instead of street and n	Ward
Length of residence in city or town where death occurred	yrsmos	ds. How long in U.S. if of fore	ign birth?yrsmo	sds.
2. FULL NAME Comma Hor	ener Cro	LEUS. Voteran a Pit	WAR None	
(a) Residence: Np. 2 4 ~ 7v. Pa	trick St.	Ward.	, X	
(Usual place of		with find	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTIC			IFICATE OF DEATH	
Knust White pear	(write the word)	3	Ponth) (Day)	, 193-C (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clark Crous	ve@ 22.	I HEREBY C	ERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day, and year)	-1867 Hasts	aw h e aliva on 6	8- 1936	: death is said
7. AGE Years   Months   Days	, ,	e occurred on the date stated abo	. 540	
69 3 7	1 day,hrs. The PF	RINCIPAL CAUSE OF DEATH and		,
8 Trada profession or particular	Wele 6			Date of onset
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc.		Tarenchym	alous	1932
9. Industry or business in which work was done, as SILK MILL,		15	PI	0233
SAW MILL, BANK, etc	me (vears)	/_/	epmu	
this occupation (month and 43 4 spen occu	tin this 387		- <i>-</i> /	
Duillot		Contributory Causes of important	e:	
12. BIRTHPLACE (city or town)	ud	Chroms	4	20 hrs
13. NAME MIN A Journe				FILLER
14. BIRTHPLACE (city or town)	Name	of operation	Date of	
(State or country)	_		Was there an a	utopsy? ho
15. MAIDEN NAME Kraining In	Cilla 23. If de	eath was due to external causes (	VIDLENCE) fill in elso tha following	:
16. BIRTHPLACE (city or town). This de	Accide	nt, suicide, or homicide?	Date of Injury	, 19
S (State or country)	ud Where	did injury occur?		
17. INFDRMANT Mis Mario Da (Address) Fredrice hed	eley Specify	y whether injury occurred in IND	Specify city or town, county and State USTRY, in HDME, or in PUBLIC PLA	ACE.
18. BURIAL, CHEMIATION, OR REMOVAL Place NEX OCCUPAÇÃO Data	11 34	er of injury		
1- 8 10/11	/	a of injury		7
19. UNDERTAKER  (Address)		s diseasa or injury in any way re	ated to occupation of deceased?	
12 0 13		Signed)	E/Down	e) M.D.
20. FILEDI - May, 1936. Dra f- M	Registrar.	(Address)		I.
If more blanks are needed, a	ddress State Registrate, 2411 N.	Charles Street, Baltimore, Requesti	ng U. S. No. 1.	

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Example I V E D		Example II	
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Chronic interstitial nephritis UREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Jr 3	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			d edia L

	nfor-	state	UPA-	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO. D. Every item or Infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Bract statement of OCCUPA-	
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,	TE	n sh	SE O	IS.
	WRI	atio	AUS	TION is very important. See instructions on tack of certificate.
No.	B.—	E	0	I
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				1 2

1. PLACE OF DEA		OF MAR'	YLAND—	CERTIFICATE OF DEATH	182
County	_	ri ek		Registration Dist. No. 139	
			ium MA		
Village or City	Drara.	Sana cor.	ium, Md.	death occurred in a hospital or institution, give its NAME instead of street and	d number)
Length of residence in c	ity or town where	death occurred	yrs7mos		mosds.
2. FULL NAME	Mario	n Day		If U. S. Veteran, specify WAR	_
(a) Residence: No.	Hoods	Mills,	Carro	11 SCO. Ward. Maryland. If nonresident give city or town ar	nd State
PERSONAL AN	ID STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLO	or or race	5. SINGLE, MARI OR DIVORCED Widower	REED, WIDOWED, O (write the word)	21. DATE OF DEATH  May 23  (Month) (Day)	., 193.6 (Year)
5a. If married, widowed, or dive HUSBAND of (or) WIFE of	orced	Unknown		22. I HEREBY CERTIFY, That I attende Sept. 30 , 19 35, to May 2	
6. DATE OF BIRTH (month, de	v. and vear)	July 25	1875	I last saw h im elive on May 23 19 3	
7. AGE Years	Months	Deys	If LESS than	to have occurred on the dete steted ebove, et755P	
60	9	28	1 day,hrs. ormîn.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or p kind of work done SAWYER, BOOKKE		Labore	r.		Date of onset
9. Industry or business I work was done, as SAW MILL, BANK,	n which SILK MILL, etc			Pulmonary Tuberculosis	July
10. Date deceased last wo this occupation (mo year)	rked et	11. Total ti spen occu	me (years) t in thi 45 Yrs pation 45 Yrs		1935
12. BtRTHPLACE (city or town)				Other Contributory Causes of importance:	
(State or country)		ryland.			
13. NAME	James I	ay			
13. NAME  14. BIRTHPLACE (city or to (State or country)		ryland.		Name of operation none Pos Sputulite of What test confirmed diegnosis statement Was there are	eutopsy?no
15. MAIDEN NAME	Hailey	<i></i>	?	23. If death was due to external causes (VIOL ENCE) fill in elso the followi	
15. MAIDEN NAME 16. BIRTHPLACE (city or to	own)	Maryland		Accident, suicide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT(Address)	Marion Hoods l	Day		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ate) PLACE.
18. BURIAL, CREMATION, OR	REMOVAL			Manner of injury	
Nt.View,			cnown 19	Neture of injury	
t9. UNDERTAKER M. (Address) Th	L.Creas urmont	er/		24. Was disease or injury in any way related to occupation of deceased?  If so, specify Address Add	no
20. FILED	19	MA	Registrar.	(Address) State Sanatorius	n M.D.

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Chronic interstitial nephritis BUREAU V.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RESERV
MARGIN
•

S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH plnous Registration Dist. No. County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. If of foreign birth?\_\_\_\_\_\_\_mos.\_\_ PHYSICIANS Length of residence in city or town where death occurred statement S. Veteran specify WAR. 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE S. SINGLE, MARRIFD, WIDOWED. OR DEVORCED (write the word) PERMANENT classified. H 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M 4 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months to have occurred on the date stated above, at\_\_\_\_\_ 1 day, ...-- hrs The PRINCIPAL CAUSE OF DEATH and releted causes of importance or\_\_\_\_min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. pluods back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. UNFADING INK 10. Date deceased last worked et 11. Total time (years) On. this occupation (month and spent in this that ocaupation \_\_ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town plain (State or country) carefully important. 15. MAIDEN NAME H OT WRITE PLAINLY, OF DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ should be Very 17. INFORMANT (Address) 18. BURIAL, CREMATION. Manner of injury S CAUSE nation Nature of injury. LION 19. UNDERTAKER (Address) If so, specify m (Signed)

What test confirmed diagnosis? ...... Was there an autopsy? ...... 23. If death was due to external causes (VIDLENCE) fill in also the following Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? Registrar. (Address) \_. (J-6-1-) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

\_\_\_\_\_ 19 \_\_\_\_ : death is said

Date of enset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis FORINED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923		1 year	

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE FLAIREI, WITH UNFADING INK-I HIS IS A FERMANEM ABOUTE, EVERY HER OF INION-	/
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	/
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
TION is very important. See instructions on back of certificate.	

N. B.-WRITE PLAI

V. S. No. 1

	CE OF DEAT				23 04		
Cour			•		Registration Dist. No	139	
	ge or Citys			um, Md (If	ND. SI death occurred in a hospital or institution, give its NAME instead of street death. How long in U.S. if of foreign birth? yrs.	and number)	
2. FUL	L NAME	Willi	am A. D	oyle Jr.	If U. S. Veteran, specify WAR		
(a)	Residence: No	2815	Matthew (Usual place	S. St.	St., WardBaltimore, Maryla	nd	
	RSONAL ANI		CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	TH .	
Male  5a. If marria	Whi			RIED, WIDOWED, ) (write the word) d	21. DATE OF DEATH  Nay (Month) (Day)	, 193. <u>6</u> (Year)	
(or) WI		Eliza	beth Do	yle	22.   HEREBY CERTIFY, That latte May 15 ,136 ,to May	20 19 36	
6. DATE OF	BIRTH (month, day,	, and year)	May 16	1897		36; death is sain	
7. AGE	Years 39	Months	Days 4	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, a 5 . 20P. and a The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onset	
5	de, profassion, or pa kind of work done, a SAWYER, BDOKKEER	ER, atc	forreste	r			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.					Pulmonary Tuberculosis	May 1935	
ONL/ 1	e deceased last work this occupation (mon year)	th and	11. Total ti sper occu	me (years) it in this lipation 11Yrs	Dther Contributory Causes of importance:		
	LACE (city or town)	Balt Mary	imore,		Duriel Coarroacery Casses of Importance:		
13. NAN	/IE		A. Doy	le			
13. NAME William A. Doyle 14. BIRTHPLACE (city or town) (Stata or country)  Inknown					Name of operationnonePos-Sputumt What test confirmed diagnosiphest X-Ray Was then	of of autopsy?	
15. MAIDEN NAME Margaret E. Donnelly 16. BIRTHPLACE (city or town) (State or country)  Inknown					23. If death was due to external causes (VIOL ENCE) fill in also the fol Accident, suicide, or homicide? Date of injury Where did injury occur?	lowing:	
17. INFORMANT William A. Doyle Jr. (Address) Baltimore, Md.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL  Place Balto. Md. Date Unknown, 19				nown ,19	Manner of injury		
19. UNDERT		Frank Caltimor		Registrar.	24. Was disease or injury In any way related to occupation of dacase  If so, specify  (Signed) State Sanator:	fer M.	

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1 P 1 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P 2 P			
Other contributer causes of importance:		Other contributory causes of importance:	The state of the s
Gallstones	May 1,1923	Gastroenteritis	1 year
THE			

STATE OF MARYLAND—C	CERTIFICATE OF DEATH
1. PLACE OF DEATH	97 70 731
County Frederick man the Corporate I	Registration Dist. No.
Village or City Trederick	no trederile Ceity Herpeland, War
Length of residence In city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Herbert Elder	0.
(a) Residence: No. Walkerillo M. &	· St. Word not a was Volare
(Usual place of abode)	lenck Co, (1) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   S. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	May 20 193 6
5a. If married, widowod, or diverced	(Month) (Day) (Yeer)
HUSBAND OF Effice M. Con and Elker	22.   HEREBY CERTIFY, That I ettended deceased fro
6 + 141 181 4	last sew h. A alive on Sec. 19 PM 193 b death is sa
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7/ 7 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade, profession, or particular kind of work done, es SPINNER, Clare Druge Desper	acut cardial Date of one
SAWYER, BOOKKEEPER, etc.	- deletation:
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spent in this occupation grant of the second spent of the se	
this occupation (month and 1932 spent in this occupation spent in this occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	thy caleuron, and
	anaroutures.
13. NAME John Elder  14. BIRTHPLACE (city or town) Harrishung	Name of operation Date of
(State or country) Penny lvanie	What test confirmed diegnosis? Was there an autopsy? 71
15. MAIDEN NAME Many Jane Rentherford	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Hamburg	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT My. Eller (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Narrieling, SA. Date 22- Judy, 19 26.	Nature of injury
19, UNDERTAKER Haven E. Carty Con	24. Was disease or injury in eny way related to occupation of deceased? $ u u $
(Address) I federals , md	If so, specify
20. FILED 21. May 10 36. Dre J. n. Carly	(Signed) A M.
Registrat.	M. M./ 1 13 and

MARGIN RESERVED FOR BINDING

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURCAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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PHYSICIANS

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in plain terms.

DEATH

OF

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20. FILED 25 - May 1936.

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Frederick within the Coshosawa ways Registration Dist. No. Village or City Frederick City Hospita (la death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_ Virginia Esworthy 2. FULL NAME YULS, Veteran, specify WAR\_ (a) Residence: No. 24 E. South (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) white female single (Month) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS then 1 day.\_\_\_\_hrs 18 or .... min. Date of onset Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... Q. Dete deceesed last worked et 11. Totel time (years) this occupation (month and spent in this occupation 12. BIRTHPLACE (city or town) Maryland (State or country) 13. NAME Murray Esworthy 14. BIRTHPLACE (city or town) Maryland Name of operation .... (State or country) What test confirmed diagnosis? Ida Jackson MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Maryland Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) (Specify city or town, county and State) Nurray E. Esworthy Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Frederick, Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury PlaceMt. Olivet Cem Date May 26, 1936 Nature of injury 19. UNDERTAKER M. R. Etchison & Son Frederick. (Address)

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore;

(Address)

CAUSE NOIL

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: JUN 5 1936  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronie interstitial nephritis SIREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of

state JPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH
ould stat	1. PLACE OF DEATH	(NS)
PCC	County Leelege T	Registration Dist. No. 140
=	Village or Citycon Delous	NoSt.,Ward
0 /		death occurred in a hospital or institution, give its NAME instead of street and number)
ent	01 1 6 -	ds. How long In U.S. if of foreign birth?yrsmosds.
CIC	2. FULL NAME Charley Murlin	yes no beleran
PHYSICIANS lct statement	(a) Residence: No. Malker (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PH ract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)	21. DATE OF DEATH MOUN 15 6
d L	Male Thill mayned	(Month) (Day) (Year)
A C T assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
X Z	7 0 1510	, 19, to, 19, 19
	6. DATE OF BIRTH (month, day, end year) 104 9-1869	I last saw h; deeth is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 dey,	to have occurred on the date steted above, etm.
stated proper ertific	661/10 or or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
he s	8. Trade, profession, or particular kind of work done, as SPI NNER	
	SAWYER, BOOKKEEPER, etc.	- P
should it may n back	work was done, as SILK MILL May Laken on farm	Trangulation my may
sh it	11. Total time (years)	1986
(T) -	this occupation (month and fully 1923) spent for this 30 occupation	
pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Rocky City	Other Contributor Canses of importance:
s, s	(State or country)	
supplied. n terms, ee instru	13. NAME Shomas V. Caller	
H 3	13. NAME Thomas Collection 14. BIRTHPLACE (city or town) Locky Sides 1	Name of operation Date of
S ai	(State or country)	What test confirmed diagnosis? Was thera an autopsy?
efull in pl ant.	15. MAIDEN NAME Sarah (hoh proum)	23. If death wes due to external cause (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town) Locky Rudge 16. State or country)	Accident, suicide, or homicide: Lucus Date of injury 5/14, 1936
e c	∑ (State or country)	Where did injury occur? near DElow 1000
PAN	17. INFORMANT Brice P. Leyling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address)  18. BURIAL, CREMATION, OR REMOVAL (CAM)	
is E	Place Lockey Ridge Date May 18, 1936	Nature of injury
CAUS FION	19. UNDERTAKER M. S. Coreager Han	24. Was diseasa or injury in any way related to occupation of deceased? Lev
TOL	(Address) Thurson Ma	If so, specify
(T)	20. FILED 5/17 193626P	(Signed) Colour Deller M.D.
0	Registrar.	(Address) Delour Mu

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

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infor-

STATE OF MARTERING	CERTIFICATE OF DEATH 0188
1. PLACE OF DEATH	94-0
County Frederick Too	Registration Dist. No. 153
Village or City Walkerswill	No. St., W  f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Phoebe Gather	ine Eyler
(a) Residence: No. Walkerswille.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE Seconde 4. COLOR OR RACE OR DAYORCED (write the word)	21. DATE OF DEATH May 5 , 193 (Month) (Day) (Year
I. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year
(or) WIFE of Simons Eyler	22.   HEREBY CERTIFY, That I attended deceased
20 1019	May 5 ,19 16 , 10 / May 5 ,19 5
AGE Years Months Days If LESS than	I last sawh Le aliva on Theag 5 1936; death is
AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above/et-4-A-m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work dona, as SPINNER, KOUSELVYK	6 + 1 m
9. Industry or business in which	Inguna Degons Ma
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at  11. Total tima (years)	
this occupation (months and 122) spent in this	
year) occupation occupation	Other Coutributory Causes of importanca:
BIRTHPLACE (city or town) Thury and	
(Stata or country)	
13. NAME W TO Camposters	
14. BIRTHPLACE (city or town) - Madyland	Name of operation Date of
(Stata or country)	What tast confirmad diagnosis? Wes thara an autopsy?
15. MAIDEN NAME Gallierung pleel	23. If daath was dua to extarnal causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town). Many	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
(Address) Washerswelle mod	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL GEORGE	Manner of injury
Plece des de la Data Mary 1, 1976	Nature of injury
UNDERTAKER II W Writgut (Addrass) Walkerswill and	24. Was diseasa or injury in any way ralated to occupation of decaased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related gauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 11111 12 1020	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

		OF MAR	YLAND-	CERTIFICATE OF DEATH	5189
1. PLACE OF D			u	95-6	21
County Fred	lerick	**************		Registration Dist. No.	71
Village or City_	Yellow Sp	rings		(NY) Yellow Springs St.	Ward
Length of residence	in city or town where	deeth occurred	73 yrs. 10 mo	f death of the property of the property of the standard of street a stan	
2. FULL NAME	Elmer Bu	tler Fea	aga	If U. Weteran, specify WAR None	
(a) Residence: N	o. Yellow	Springs	- c.h	St \ Ward.	
		(Usual place		Co., M. J. If nonresident give city or town	
	AND STATIST			MEDICAL CERTIFICATE OF DEATH	1
male	olor or race white	5. SINGLE, MAR OR DIVORCE MALLIE	RIED, WIDOWED, (write the word)	May 18th., (Month) (Day)	, 193 <b>6</b> (Year)
5a. If married, widowed, or HUSBAND of (or) WIFE of	divorced rsen <b>o</b> Sta	ley		22. HEREBY CERTIFY, That I attend	
e pare of hinrii /		3.7 7	1000	I last saw h 1M alive on Muy 0 193	19.2.7.
6. DATE OF BIRTH (mont) 7. AGE Years	Months	uly 1	L862 If LESS than	to have occurred on the date stated above, and a 30A m.	Ż; death Is said
73	10	17	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8. Trade, profession,		1 21	ormin.	were as follows:	Date of onset
kind of work d	one, as SPINNER, KKEEPER, etc	etired ]	Farmer	So litis	
9. Industry or busine	ss in which Gen	eral Far	rming		
SAW MILL, BA	ss in which Gen as SILK MILL, NK, etc.			Barrelind arthma	7
1D. Date deceased las this occupation year)	worked at 1928 (month end 1928		me (years) 45	factoria : 000	
year)		0000	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or to (State or country)	wn)Marylan	ıd		Α	
1 777 8 7 7	iam M. Fe	aga		Cardiar Decempenation	14100
I 13. NAME	7/7				
13. NAME WILL  14. BIRTHPLACE (city	01 10111/	yland		Name of operation Date o	f
(State of count	Susanna	Remabur	<u>r</u>	What test confirmed diagnosis? Was there	n autopsy? U
15. MAIDEN NAME			0	23. If death was due to external causes (VIDL ENCE) fill in elso the follow	ving:
15. MAIDEN NAME 16. BIRTHPLACE (city		rland		Accident, suicide, or homicide? Date of injury	, 19
(State or coun	ry)			Where did injury occur?	
17. INFORMANT Mr. (Address) Fr	Wm. C. F		D. # 3	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION,	OR REMOVAL	Dec 3 E	100 70	Manner of injury	
Place Mt • U1	ivet Cem.	Fred 5	/20 1936	Nature of injury	
19. UNDERTAKER MA. (Address) Fre	R. Etchis derick, M	on & So	n	24. Was disease or injury In any way related to occupation of deceased?.  If so, specify	Tuo,
.0.	1926. Dr	a Inc	Curly	(Signed) AReument Falin (Address) Frederich Pa	ey M. D
	If more	blanks are needed, a	ddress State Regurrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5190.
ry	1. PLACE OF DEATH	the the demonstrate lines (159)
should of OCC	County Nedlich City Windles	Registration Dist. No.
of of	Village or City Tredeseigh The	death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?
	2. FULL NAME Baby Boy Fix	zkli If Was Veteran, specify WAR TW
	(a) Residence: No.	St.) Ward, Ward, If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
I	male white Buil	(Month) (Day) (Year)
I	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
ı	(or) WIFE of	May 30, 1936, 10 May 31, 193
	6. DATE OF BIRTH (month, day, and year) May 30 th 1936	I last saw http:// alive on 2000 3 ( , 192 ( ; death is sa
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at &m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	ormin.	were as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Matuututin
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	nay
		Thereading mil
-	10. Date deceased last worked at this occupation (month and year)	
Name and Address of the Owner, where	11. 2011111	Other Contributory Causes of importance:
-	(State or country) Trederick affel,	Elloword (mother)
	13. NAME Mr. George, Lisher	
	2 14. BIRTHPLACE (city or town). Aury ludge	Name of operation Date of
ŀ	(State of country)	What test confirmed diagnosis? Was there an autopsy?V
-	15. MAIDEN NAME Processing Marshall 16. BIRTHPLACE (city or town) Preduct to	23. If death was due to external causes (VIOLENCE) fill In also the following:
1	O 16. BIRTHPLACE (city or town) A Country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
	Year of Rich	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
September 1	17. INFORMANT (Address) Proche - Olider Fray, Co. ma,	
-	18. BURIAL, CREMATION, DR REMOVAL shumout district, mil.	Manner of injury
	X Place Nachham Clark Date - Julia 1955	Neture of injury
	19. UNDERTAKER MINISTER & Day	24. Was disease or injury in any way related to occupation of deceased?
	(Address) Durman Ma,	If so, specify Thornes as
	20. FILED 1 - May 1926 Am Resistrar.	(Signed) M. (Address) M. (Address) M.
-		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	B	Example II	
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Chronic interstitial hephritis HIN 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			*

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

	14	-5	( )	15
The same of the sa	U	h	1	

County		Frede	rick.		Registration Dist. No. 1	39
				rium, Md	N-	
				(If	death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of re	esidence in city o	r town where de	eath occurred	yrsmos		mos
2. FULL N	AME	Laura	Mae Fi	sher	If U. S. Veteran, specify WAR	. A
(a) Resid	ence: No	Seat	Pleasan (Usual place	t Prin	ncet.,Georgiand. Maryland.  If nonresident give city or town a	nd State
PERSO	NAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR O		5. SINGLE, MARI OR DIVORCED Marri	(write the word)	21. DATE OF DEATH Nay 22	, 1936
5a. If married, wid-	owed, or divorced		Mall	<u>- u</u>	(Month) (Day)	(Year)
HUSBANO of (or) WIFE of			oy Fish	er	22. I HEREBY CERTIFY. That I attended May 10 ,19 36, to May	22, 1936
6. DATE OF BIRTI	H (month, day, an	id year) S	ept. 16	1898	I last saw h_Gralive onMay 21, 136	; death is sa
7. AGE Y	'ears	Months	Oays	If LESS than	to have occurred on the date stated above, a 2. QQA. M.	
	37	6	6	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onse
8. Trade, pro	fession, or partic f work done, as					
E SAWYI	ER, BOOKKEEPER	l, etc	Housewi	<u>fe</u>		
9. Industry o	r business in wh was done, as SILK	MILL.			Pulmonary Tuberculosis	June
O LE	AILL, BANK, etc ased last worked		11. Total ti	me (veare)		1932
this oc	cupation (month	and	spen	t in this		
1			07-1		Other Contributory Causes of importance:	
12. BIRTHPLACE (		10	igeonni			
(State or country) Missouri  13. NAME William Richardson				2	Tuberculous Laryngitis	
13. NAME		WIIII	am Rich	arason		
	CE (city or town) or country)				Name of operationnonePos -Sputuffate of	
œ			issouri	•	What test confirmed diagnosies t-X-Ray Was there a	
15. MAIOEN	VAME	Mary .		-?	23. If death was due to external causes (VIOLENCE) fill in also the follow	
	CE (city or town) or country)				Accident, suicide, or homicide? Date of injury	, 19
(01410			issouri		Where did Injury occur?(Specify city or town, county and S	
17. INFORMANT	L	aura M	ae Fish	er	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
(Address) 18. BURIAL, CREM			easant,	Ma.		
			. o.Nd . U	nknowa	Manner of injury	
1000			,		Nature of injury	
19. UNOERTAKER	M.L.	Creage	r/ M		24. Was disease or injury in any way related to occupation of deceased?	по
(Address)	Thur	mont,	MOLE		If so, specify	
20. FILEO	1/3/, 19.		VIG		(Signed) State (Signed)	M.
-	100		7	Registrar.	(Address) LLO Le DOMA LOVILLY 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	~ /VL(

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	·		1

	RECORD.
BINDING	I UNFADING INK-THIS IS A PERMANENT RECORD.
FOR	IS A
MARGIN RESERVED FOR	INK-THIS
MARGIN F	I UNFADING

stated EXACTLY. properly classified.

plnods

AGE

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

(Address)

mation should be carefully supplied.

N. B.-WRITE PLAINLY, WITH

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA.

Every item of infor-

			F MAR	YLAND—	CERTIFICATE OF DEATH	192
1.	PLACE OF DEAT				(23) 6 4	
	County				Registration Dist. No. 139	
	Village or City	State	Sanator	ium, Nd	ND. St., death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in ci	ty or town where o	leath occurred	yrs&mos	10_ds. How long in U.S. if of foreign birth?	nosds.
2.	FULL NAME	Virg	zinia Gr	anese	If U. S. Veteran, specify WAR	
	(a) Residence: No	308	S. High (Usual place	St.	St., Ward. Baltimore, Maryland If nonresident give city or town and	State
	PERSONAL AN	D STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	male Wh	r or RACE		RIED, WIDOWED, (write the word) Le	21. DATE OF DEATH  May 31  (Month) (Day)	., 193_6 (Yeer)
	married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That lattended Mar. 21 ,1936 to May 3	
6. DA	ATE OF BIRTH (month, day	, end yeer)	Nov. 11	1921	l last saw ter elive on May 31 ,1936	_; death is said
7. AG	E Years	Months	Deys	If LESS than	to have occurred on the date stated above, at 11.55Pn. M.	
	14	6	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
DCCOPATION	8. Trade, profession, or pa kind of work done, SAWYER, BODKKEE 9. Industry or business in work was done, es S SAW MILL, BANK, e	as SPINNER, PER, etc which SILK MILL.	Schoo	1	Pulmonery Tuberculesis	Nov.
0	D. Date deceased last wor this occupation (more year)	1 - 4 -4	11. Totel ti 9.36 sper occu	me (years) et in this eyrs.	Dither Contributory Causes of importance:	
12. B	SIRTHPLACE (city or town)	Ba	altimore		Dings Contributory Causes of Importance.	
- 1	(State or country)	Ma	aryland.	,	Tuberculous Laryngitis	
TER I	13. NAME I	Daniel (	ranese			
FATHER	14. BIRTHPLACE (city or to (Stete or country)	wn)	Italy		Name of operation None Pos-Spublicom What test confirmed diagnosis thest Was there an	
ER I	15. MAIDEN NAME	Angelina	DeCico	0	23. If death was due to external causes (VIOLENCE) fill in also the followin	
MOTHER	16. BIRTHPLACE (city or to	wn)			Accident, suicide, or homicide? Date of injury	, 19
	(State or country)  NFDRMANT				Where did Injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ate) .ACE.
18. B	Place Balto	EMOVAL		nown, 19	Manner of injury	
19. U	NDERTAKER M. T	Creage	rulla		24. Was disease or injury in any way related to occupation of deceased?	no

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Example II VED	i) ii	Example II	
The principal cause of death and related causes of importance were as follows: UN 6 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

# STATE OF MARYLAND-CERTIFICATE OF DEATH 5193

1.	PLACE O	F DEATH					1
County_Frederick					Registration Dist. No.	1	
	Village or City Frederick					No Frederick County Emg. Hospi	Ltal
						death occurred in a hospital or institution, give its NAME instead of street and i	number)
		idence in city or town who				ds. How long in U.S. If of foreign birth?yrsm	osds.
2.		ME Mrs. Ma		zabeth	Gray	ward. Near Brunswick, Md.  If unresident give city or town and	State
-	PERSON	NAL AND STATIS			RS	MEDICAL CERTIFICATE OF DEATH	Diate
3. S	ex Cemale	4. COLOR OR RACE	OR DI	E, MARRIED, WII VORCED (write the	DOWED, he word)	21. DATE OF DEATH	, 193_6
	If married, widow		1 1110	tr rou		(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of	John H. 9	Gray			22. I HEREBY CERTIFY, Thet I ettended April 12, 1,19,36, to May 13,	
6. D	ATE OF BIRTH	(month, dey, end yeer)	Aug. 5	5. <b>18</b> 64		I last saw h. er alive on May 13, 19 36	
7. A	GE Yes	ars Months	.0	-	ESS than	to have occurred on the date steted above, eQ.15Pm.	
Ni		71 9	8	B   1 dey,_	hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	1000
2	8. Trade, profe	ession, or perticular	D			P/1)	Date of onset
TIO	8. Trade, profession, or perticular kind of work done, es SPINNER, Domestic SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete decessed less worked at 3/36 11. Total time (yeers) 55 yr				office Hamphlegia	Fil 10	
MA	work wa	business in which as done, es SILK MILL,				/ /	36.
00	ID. Dete decees	LL, BANK, etcsed lest worked at 3	/36   11.	Totel time (yeers spent in this	) 55 w	d	
9	this occu	spenon (month end /		spent in this occupetion	0031		
12	DIDTUDI ACE (a	ity or town) Mary	and			Other Contributory Causes of importence:	
16.	(State or cou	intry)				Sublesten	14377
ER	13. NAME G	eorge T. C	oings			7	- k
FATHER	14. BIRTHPLACI	E (city or town) Ms	ryland	d		Neme of operation None Dete of	
1	(Stete o	r country)				What test confirmed diegnosis? Clinical Was there en e	10.0
ER	15. MAIDEN NA	AME Catherin	ne Broo	oks		23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following	
MOTHER	16. BIRTHPLACI	F (city or town)	ryland	d.		Accident, suicide, or homicide? Dete of injury	
ĭ		r country)				Where did injury occur?	
17.	INFORMANT	Mrs. Mary I Frederic	M. Str	eams,		(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18.	BURIAL, CREMAT	tion, or removal rview Cem.		Mar //	36	Menner of injury	
-	Place	- 1 1 0 W O O III •	- A Wete	may 1.D.	y_, 19QQ	Neture of injury	
19.		M. R. Etch Frederick.		Son		24. Was disease or injury in any way releted to occupation of deceased?_\D\	.0
20.		ay 1, 1936. 2	1	S and	Ly/ Registray.	(Signed) BOHLOS Suderul,	Zerd M. D.
		U If m	ore blanks are n			2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	+

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

MARGIN

V. S. No.

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Example I		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			J- 11-11-1

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	W 1201
County Frederick Within the Corporation	Registration Dist. No.
Village or City - 7 sellamak, mel.	No Incles (Lity 2 & Files, Ward
Length of rasidanca in city or town whara death occurred 26 yrs,mos.	
2 FILL MARGE BLOOM - Red Donale	
108 W. White St. h.	S. Veteran, specify WAR None
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH //
OR DIVORCED (write the word)	May 50 193 6
ia. If marriad, widowad, or divorced	(Month) (Day) (Year)
(or) WIFE of many Douglas Rolbins	22. I HEREBY CERTIFY, That I attended deceased from
S. DATE OF BIRTH (month, day, and year 16 ot 18, 1858	liast sow para alive on Many 30/ ,19 36; daath is said
T. AGE Years Months Days If LESS than	to have occurred on the date stated above, at E P m.
77 8 /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	A
SAWYER, BOOKKEEPER, atc.	Carcinma of Rejahe 3 ms
work was done, as SILK MILL, SAW MILL, BANK, etc.	J Duxure.
10. Date daceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
yaar)	Other Coutributory Causes of importance;
12. BIRTHPLACE (city or town) Clexandrea, Val.	/ / / / / / / / / / / / / / / / / / /
(Stata or country)	Symmetry, 2010
13. NAME James Wallace Hooff	acut Kingrita
14. BIRTHPLACE (city or town) alexanderia, Ma.	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Classical Was there an autopsy?
15. MAIDEN NAME Jamnett H. Brown	23. If death was due to axtarnal causes (ViOL ENCE) fill in also the following:
16. BIRTHPLACE (city of town) Clasandria, Ca. (Stata or country)	Accidant, suicide, or homicide?
() () () () () ()	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Jouglas Chothuns (Address) Spring field, Chio	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Fraderick type 'Oatson June 1920.	Natura of injury
19. UNDERTAKER Comments	24. Was disease or injury in any way ralated to occupation of decaesed?
(Address) - 7 no danie, me.	If so, spacify
20 FILED/- Jame 19.36. Des J.m. ander	(Signed) . Costa Casse M.D.
Registraf.	(Addrass) Julius, Mid

If more blanks are geeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial naphritis FIVEDI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 5 1935			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(22)	
County Freder	ick,		Registration Dist. No. 139	9
Village or City State S		(1)	No. St., I death occurred in a hospital or institution, give its NAME instead of street and records. As. How long in U.S. if of foreign birth? yrs. mr	Ward
2. FULL NAME Lena V			If U. S. Veteran, specify WAR 6	
(a) Residence: No. Braddos				
PERSONAL AND STATIST		and the same of th	MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE Female White		RIED, WIDOWED.  (write the word)	21. DATE OF DEATH May 10 (Month) (Day)	, 193.6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended Sept. 15 1934 to May 10	deceased from
6. DATE OF BIRTH (month, day, and year)	Sept. 27	1889	I last saw h er alive on May 9 136	; death is said
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1 . 15 A .mM .  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Nurse		Pulmonary Tuberculosis	
0. Date deceased last worked at this occupation (month and year)	11. Total ti spen occu	me (years) nt innthinkn OW n pation in Kn OW n	Other Contributory Causes of Importance:	1924
(State or country)	Marylar Hughe <b>s</b>	nd.	Tuberculous Laryngitis	
14. BIRTHPLACE (city or town) (State or country)			Name of operationNONEPos - SputPathofWas there an a	ulopsy?-n
16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Lena V. (Address) Cumberl	Norris  Marylar  Hughes and, Md		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	: , 19
18. BURIAL, CREMATION, OR REMOVAL Place Hancock, Md.	Date Unki	nown ,19	Manner of injury	
19. UNDERTAKER T.P. Jenk (Address) Hancock, 20. FILED J., 19	2 2 2 2 2 2 2	Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify  (Signed) Ilwart S- Shaffle  (Address) Hate Samatorum	M.D.

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

WITH UNFADING INK-THIS IS A PERMANENT REC

MARGIN RESERVED FOR BINDING

item of infor-

Exact statement of OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis ,	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOND. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. Bi ż

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PL	ACE OF DEA	ТН			20 04	
Co	unty	Freder	ick.		Registration Dist. No. 139	
Vil	lage or City			ium, Md.	NoSt	Ward
Len	igth of residence in ci				f death occurred in a hospital or institution, give its NAME instead of street and its.  19ds. How long in U.S. if of foraign birth? yrs. m	number) osds
2. FU	LL NAME	John	Bernard	Hurst.	If U. S. Veteran, specify WAR.	
(a)	Residence: No		ast, St.		St., Ward rederick, Maryland.	State
PE	ERSONAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male		R OR RACE	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH  May  (Month)  (Day)	, 193.6 (Year)
HUSB	ied, widowed, or divo AND of MIFE of	rced	tha Hurs		22. I HEREBY CERTIFY, That I attended April 13 1936, to May 2	
6. DATE O	F BIRTH (month, day	y, and year)	April :	17 1887	I last saw him alive on May 2 ,1936	.; death is sai
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 10.20Pm. M.	
allen .	49	0	15	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
\$ Do. Da	dustry or business in work was done, as! SAW MILL, BANK, ite deceased last woild this occupation (molyear)	rked at	11. Total to spe occ	ima (years) nt in this <b>2Yrs.</b> upation <b>12Yrs.</b>	Pulmonary Tuberculosis  Other Centributery Causes of importance:	Nov. 1935
	ata or country)		Virgini	a		
置 13. NA	ME	Jame	s M. Hur	rst		
L.	RTHPLACE (city or to (State or country)	วพก)	Virgini	.a	Name of operation none pos Sputume of What test confirmed diagnost nest X-Ray Was there an a	autopsy?_NO
当 15. M/	AIDEN NAME	Soph	ie Colst	on	23. If death was due to external causes (VIOL ENCE) fill in also tha following	
16. BI	RTHPLACE (city or to (State or country)	own)	Virgini	a	Accident, suicide, or homicide? Date of Injury Whera did injury occur?	
17. INFORM		John B.			(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	e) ACE.
	ce Frederi	REMOVAL		nown, 19.	Manner ol injury	
	SAA2	rederi	ne & Son	Recittar	24. Was disease or injury in any way related to occupation of decaasad?  If so, specify	no M.I

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhaac July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

state JPA-	1. PLACE OF DEATH	DE MARTLAND	- BU OO	
CCL	County Frederic	Ambie the Corpula	Registration Dist. No. 13	
should of	Village or City Freder		Medical City Droketse	Ward
ont on	Length of residence in city or town where	deeth occurredyrsmos	s. How long In U. S. if of foreign birth?m	osds.
statement	2. FULL NAME Ame	Miss Mary	Co. S. Veteran, specify WAR NO	************
stat	(a) Residence: Noteritial,	Treature 6 Co M. (Usual place of abode)	St., Ward If nonresident give city or town and	State
Exact	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
0	3. SEX  4. COLOR OR RACE  2	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 193 (Year)
ı	5a. If merried, widowed, or divorced HUSBAND of			
	(or) WIFE of		22. HEREBY CERTIFY That I attended	deceased from
ı	0	106-1	1   1   1   1   1   1   1   1   1   1	: deeth is seid
	6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months *	Days If LESS than	to have occurred on the date stated above, et_14:42 Pm.	., deeth is seid
	79 11	6 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
	8. Trede, profession, or particular	e Kaeser	were es rollows.	Date of onset
l	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	fourse offe	Droncho- numma	6 day
1	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	2 - 0		
i	SAW MILL, BANK, etc	11. Total time (years)	-	
	this occupetion (month end Many	1976 spent in this occupetion		
	as Dinting of the sales		Other Contributory Causes of importance:	
	(State or country)	1.	Ven C. L.	
	13. NAME Mathew	Jones	Chami heatrists	
	14. BIRTHPLACE (city or town)		Name of operation Date of	1
	(State or country)	Md.	What test confirmed diagnosis? Clashicel Wes there and	eutopsy?_/
	15. MAIDEN NAME Sliga 16. BIRTHPLACE (city or town)	bith Wealister	23. If death was due to external causes (VIOLENCE) fill in also the following	:
1	6 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Date of Injury	, 19
I	(State or country)	101.	Where did injury occur? (Specify city or town, county and Sta	
	17. INFORMANT Mrs. W. (Address) Freder	a. Jones	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
	18. BURIAL, CREMATION, OR BEMOVAL	rede, tub.	Manner of injury	
	Piace Curra,	Dete 14 ay 13, 1936	Neture of injury	<b>.</b>
	19. UNDERTAKER Devel X (Address) Woodsh	albargh ,	24. Was disease or injury In eny way releted to occupetion of deceased?	ho
1	20. FILED 12 May , 1936 C	Mileudy Registrar.	(Signed) A. Gustin Jeans M. d.	M. D.
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

MARGIN RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death, and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis JUN 5 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage SUREAU V. S.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones .	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5100
1. PLACE OF DEATH	a the corporate mintos 179 n
county trederice A	Registration Dist, No. 131
Village or City Frederick Coly	Thederick City Dapatal, Ward
5	death occurred in a hospital or institution, give its MAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos.	V 60
2. FULL NAME (Prola Hasson)	Canyl U.S. Velicop, specify WAR
(a) Residence: No. (Usual place of abode) hed	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from Way 18 1936 to Wery 18 1936
0-1 18-1931	I lest saw h.l. b.1 alive on Wary 18 1936; deeth is seit
6. DATE OF BIRTH (month, day, end year) ( A B - / 75 + 75 - 75 - 75 - 75 - 75 - 75 - 75 -	to heva occurred on the data steted above, at
/ / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence
8 Trede profession or particular	were as follows:  Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL	Kussene 1 18-0
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	86
this occupation (month and yeer)	
TO DEPTINE A CT (site and an in Frederick	Other Coutributory Causes of Importence:
12. BfRTHPLACE (city or town) (Stete or country)	
13. NAME amold F. Kanode	
13. NAME Condition of Kanade	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Wes there an eutopsy
# 15. MAIDEN NAME Margareh to Ropus	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIOEN NAME Margareh & Regue	Accident, suicide, or homicida? Coolding Date of Injury 8-5 1936
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Iswald to Kanady (Address) Lewiston	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Pleateristy Date May 20, 1936	Natura of injury
19. UNDERTAKER M. J. Orease Han	24. Wes disease or injury in any way related to occupation of deceased?
on To. 31 On there of	If so, specify (Signad) P'M Bau i M.D.
20. FILEO G My, 198 6 Ste J. McCurly Registrar.	(Address) to glink M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis   FECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JUN 5 1930	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	T. H 19	
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PKAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 5200	
1. PLACE OF DEATH County Tresluck	930 Pariety time Diet No. 137	
Village of City Lefenty form	No. St., V death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign birth? yrs. mos.	Ward
(a) Residence: No. Lifety found (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Female 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year	? r)
HUSBAND of Clerander Kengs,  6. DATE OF BIRTH (month, dey, and year) Det. 11, 1860	22. I HEREBY CERTIEY. That I attanded deceased with 16 1935, to May - 2/1, 193 legist saw h. 2. aliva on May - 20 ff, 1936; death is	from
7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above et 71300; m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	onset
8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Ohronie Myogorditis 193 acute rephritis may	
11. Total time (yaars)  12. Total time (yaars)  13. Total time (yaars)  14. Total time (yaars)  15. Spent in this  16. Occupation	Othar Contributory Causes of importanca:	
IZ. BIRTHPLACE (city or town) 7 Marian (1) (State or country)		
13. NAME Sevi Colcer.		
13. NAME Levi Color 14. BIRTHPLACE (city or town) Frederick Color (State or country)	Name of operation	
15. MAIDEN NAME Mary Lithyaja	23. If daath wes due to external causas (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?, 19	
17. INFORMANT ALL SITTING V. TOMANS.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL PIECE SLUVE LAM Comby Date May 24, 1936,	Manner of injury	
19. UNDERTAKER La M. Malta.  (Addrass)	24. Was disease or injury in any way ralated to occupation of dacaasad? 16 so, specify 16 so, specify 17 specify 18 specify 19 speci	
20. FILED Milly R.S., 1936. The Culfully Registrar.	(Signad) Old Strone Md.	. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example-I	-	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JUN 3 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPAinfor-D. Every item or B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECO CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(52) J 21
County Trederick Within the Corporate III	Registration Dist. No.
Village or City Frederick	No. 442 Dr. Catrick St. Ward
(If Length of residence in city or town where death occurred 5 yrs, mos.	desire occurred in a hospital or institution, give its NAME instead of street and number)
) Y ~ ~ / V.	
2. FULL NAME nomas Duding New	The Jacobs Mar. And Market Mar. Market Mar. Market
(a) Residence: No. 77 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  Wild Wildowed	21. DATE OF DEATH May Z 3. 193 (Month) + (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Valmello Kerry	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) fru /8/862	Chast saw h bn alive on may 23 1936 death is sold
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 4P.m.
73 11 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession, or particular	Date of onset
kind of work done, as SPINNER VILLES SAWYER, BDOKKEEPER, etc.	Constitution of production
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	21:-11:
1D. Date deceased last worked at this occupation (month and 1930)  11. Total time (years) spent in this occupation (month and 1930)  12. Total time (years) spent in this occupation occupation	o punero ma of when.
12. BIRTHPLACE (city or town) Trederical Co. (Stete or country)	Other Contributory Causes of importance:
(State of country)	direquent removerages
The delication of the second	Name of operation.   Dale of Y
(State of Country)	Name of operation
16. BIRTHPLACE (city or town) Treda Co. Md	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Tredit Co	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Fredhick md	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Doubs Cen Date May 26, 1936	Manner of injury
19. UNDERTAKER 6-E-Column Home	24: Was disease or injury in any way related to occupation of deceased?
20. FILED 25 May, 1935 Mileud	If so, specify (Signed)  M. D
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis IIIN K 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage  BURFAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should Frederick Registration Dist. No County Frederick No. I. O. O. F. Home St.,

(If death occurred in a perpital or institution, give its NAME instead of street and number) Village or City PHYSICIANS How long in U.S. if of foreign birth? Length of residence in city or town where death occurred statement 2. FULL NAME Mrs. Mary (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Tha 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) CTLY female white widow classified. 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of Charles A. Kessler EX certificate. 6. DATE OF BIRTH (month, day, and year) properly stated 7. AGE Months Days If LESS than 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. Date of onset 8. Trada, profession, or particular Practical kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. may 9. Industry or business In which plnous work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this 1925 occupation \_\_. instructions Ba Ito Other Contributory Causes of importance: 08 12. BIRTHPLACE (city or town) ----- Maryland (State or country) supplied. plain terms. Louis Brandt FATHER 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis? carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also tha following: very important Mar. VI amo DEATH 16, BIRTHPLACE (city or town). (State or country) Where did Injury occur?. should be (Specify city or town, county and State) Records I.O.O.F. Home Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE OF Frederick Md. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 32 Balto City Cemetery May 9 ,136 CAUSE mation LION R. Etchison & Son 24. Was disease or injury in any way related to occupation of deceasad? 19. UNDERTAKER Frederick If so, specify 1936

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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  9.—The industry or business in which the work was done.
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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MALL V. S. J				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			I	

-WRITE PLAKELY, WITH UNFADING LINE ACTIONS TO Stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Y, WITH UNFADING INK-THIS IS A PERMANENT REC TION is very important. See instructions on back of certificate. N. B.-WRITE PLA

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	(a) × 0203
County Frederick.	Registration Dist. No. 140
Village or Cityer New Grudway	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	^ · · · · · · · · · · · · · · · · · · ·
2. FULL NAME Sylvester Showers	parelet
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH may 1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Preces 1, 1936	I last sew halive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
O 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Para A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done as CRIK MILL	All how-
work was done, as SILK MILL, SAW MILL, BANK, etc.	
5 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Centributory Causes of importance:
(State er country) Manyland	eno.
13. NAME Ignatius Laulust	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Manyland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NATECLIECCA Elinateth Roberts  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country) Menglem	Where did injury occur?
17. INFORMANT Greatures Aureliest (Address) Meur Man Dura Man	(Specify city or town, county and Slate) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt. Hope Woods pate May. 2, 1936	Nature of injury
19. UNDERTAKER Powell & Albangh	24. Was disease or injury in any way related to occupation of deceased? MW
(Address) Wordstone Md.	If so, specify
20. FILED May 2, 1936 Registrar.	(Signet) Wellow M.D. (Address) Elow M.D.
77	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street carnot I NOO Chronic interstitial nephritis 1921 1 week ago July 5,1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

state JPA.	SIAIL OF MARYLAND—	CERTIFICATE OF DEATH 5204
occı	County Frederick	Registration Dist. No. 1 +1
should of OCC	Village or City Drumswick	NoSt.,Ward
0/		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds.
IAN	2 FULL NAME Darmand Lewe	If U. S. Veteran, specify WAR
PHYSICIANS oct statement	(a) Residence: No. 3   East &	St. 2 Ward.
t si	(Usual place of abode)	If nonresident give city or town and State
/ ax	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
d. E	OR DIVORCED (write the word)	(Month) 3 (Oay) (Year)
X A C T J	5a. If married, widowed, or divorced HUSBAND or (or) WIFE of	22. A I HEREBY CERTIFY, Thet I attended deceased from
X A class	andrown	July 1 1935, 10 May 13 , 1936
	6. DATE OF BIRTH (month, day, end year)	1 /ast sew Jama alive on March 193 (a.; death Is said
stated E properly ertificate	7. AGE Years Months Oays If LESS than 1 day,hrs.	to Jave occurred on the date stated above, at f
stated E properly certificate	ormin.	were es follows: Date of onset
be of o	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	/ ,
	9. Industry or business in which work was done, as SILK MILL, T. PO = 1	
should it may n back	SAW MILL, BANK, etc.	Tul Morary Nutscentras 1934
(H) + 0	0. Date decessed lest worked et this occupation (month and 1934) spent in this occupation (cupation occupation)	
oplied. AGE erms, so that instructions o	C. 1.0. 1	Other Contributory Causes of importence:
d. ,, so	12. BIRTHPLACE (city or town) (State or country)	Lovie Lachuruden 1955
supplied n terms, ee instr	# 13. NAME Chas a hewis	(1)
4	14. BIRTHPLACE (city or town) Tredaricksburg	Name of operation
lly olain S	(State of county)	What test confirmed diegnosis? X - Rey Was there en autopsy? No
efully in pla int.	15. MAIOEN NAME Crosse Th. Cling	23. If death wes due to external causes (VIOLED CE) fill in also the following:
be careful EATH in primportant.		Accident, suicide, or homicide?
ld be car DEATH y import	(State or country)	Where did injury occur? (Specify city or town, county and State)
PAN	17. INFORMANT (Address) Color ville (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E	18. BURIAL, GREMATION, OR REMOVAL Place Proposition of Removal Oale May 15 136	Manner of injury
mation s CAUSE TION is	Orace / Dailand	Nature of injury
C.A.	19. UNOERTAKER (Address)	24. Wes disease or injury in any way related to occupation of deceased.
(2)	0. 11 0 11 0 11 1	(Signed) MOULES (O) THE WAY M. O.
	20. FILEO Muy 4, 19 06 Me + 3 Pagistrar.	(Address) Breward Ma
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	b all	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MIN 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HEUREAU V. S.			
Other contributory causes of importance:	THE COLD	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE	OF DEATH		-CERTIFICATE OF		30:
County	Treserve	lc	R	egistration Dist. No.	34
Village o	City	telens	No.	St	
Length of	esidence in city or town where	death occurred 3 6 vrs.	(If death occurred in a hospital or institution, giosds. How long in U.S. if of foreign	ve its NAME instead of street and	number
2. FULL N	L	era Conth 7	ettherpu. S. Veteran, specie		1103
	ence: No.	Taraca C	St., Ward,	y war	
(a) nesic		(Usual place of abode)		nonresident give city or town an	d State
	NAL AND STATIS	TICAL PARTICULARS	MEDICAL CERT	FICATE OF DEATH	
Fense	4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	ley 3	, 1934
5a. If married, wid INUSRAND o (or) WIFE of	-00	Watthews	22. JUHEREBY CE	ERTIF That I attended	
E DATE OF BIRT	H (month, day, and year)	bio 14-1858	I last saw h w alive on	nou 4 136	, 1
	rears Months	Days If LESS than	to have occurred on the date stated abov	1150	≓_; ueat
	78 0	/6 I day,h	The PRINCIPAL CAUSE OF DEATH and	related causes of importance	
8. Trade, prokind of SAWY	ofession, or particular f work dona, as SPINNER, ER, BOOKKEEPER, etc	Retirel	Hypertensing a	ardio vascul	Date
<   9. Industry (	or business in which was dona, as SILK MILL,	11 9	Arisula Fills	- severlyss o	19
SAW	MILL, BANK, etc	Touche Laday	- Winding in which		- 2
O this or	eased last worked at cupation (month and	11. Total time (years) spent in this			
	7:0	occupation	Other Contributory Causes of importance		
12. BIRTHPLACE (State or o		Jul.	nyoma merus	- several yr	19 0
13. NAME	Gerne	aubros			
	CE (city or town)	Frederick Co	Name of operation 7002	C Date of	
(State	or country)	rearyford.	What test confirmed diagnosis?	Fexauer Was there an	autopsy
15. MAIDEN 16. BIRTHPLA	NAME Wateld	clearter	23. If death was due to external causes (V		
	CE (city or town) Luci	deletreve	Accident, suicida, or homicide?	Data of injury	
— I (State	or country)	to toloway	Where did injury occur?(Sp	ecify city or town, county and Sta	ite)
17. INFORMANT (Address)	Y Now	lest their	Specify whether Injury occurred in INDU	STRY, In HOME, or in PUBLIC PL	LACE.
18. BURIAL, CREW	ANON, OR REMOVAL	any ma	Manner of injury		
Place_	hurmont le	Date 575 , 19 3			
19. UNDERTAKER	Wat.	Shuff fr.	24. Was disease or injury In any way rela	ted to occupation of deceased?	ro
(Address)	The state of	at Dong week	If so, specify	A. Caule	
20. FILED	4, 19 36 M	11/2 offul	(Signed) E	mmitsking	4.
- //	If may	bloom of the State Bridge	7, 2411 N. Charles Street, Baltimore, Requesting	7	-44

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Example I	14	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUNEAU	July 5,1927	Peritonitis	3 days ago
. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	- INTHES
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

8

pe

AGE should be

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. F	PLACE OF DE	ATH	.24		23 04	
/	County	Frederi	ck,		Registration Dist. No. 13	9
/	Village or City	State S	Sanat'ori	um. Md.	NoSt.,	Ward
	Length of residence in	city or town where d	eath occurred_2	(If yrs6mos	death occurred in a hospital or institution, give its NAME instead of street and nu.  1. death occurred in a hospital or institution, give its NAME instead of street and nu.  1. death occurred in a hospital or institution, give its NAME instead of street and nu.	mber)
2. F	FULL NAME				If U. S. Veteran, specify WAR.	
	(a) Residence: No.	1345	Sargent,	St. of abode)	St., Ward. Baltimore, Maryland, If nonresident give city or town and S	itate
	PERSONAL A	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Fe	male 4. com	White		RIED, WIDOWED, O (write the word) 100	21. DATE OF DEATH  May (Month) (Day)	193_6 (Year)
HI	narried, widowed, or di USBAND of		1	** 77	22. I HEREBY CERTIFY. That I attended d	acased from
(0	or) WIFE of	Howai	d L. Mo	Nerry.	Nov. 27 19 33 to May 28	
	E OF BIRTH (month,	1	Sept 30		I last saw h.er alive on May 28 , 1936 ;	
7. AGE	Years	Months	Days	If LESS then 1 dey,hrs.	to have occurred on the date stated above, et.8.25P.p.M.	
	53	7	28	ormin.	were es follows:	Date of enset
5	E. Trade, profession, or kind of work don SAWYER, BOOKK E. Industry or business work was done, e SAW MILL, BANI L. Date deceased lest v	e, as SPINNER, TEPER, etc	lousewif	e me (years)		Dec.
6	this occupation (r year)	Nov. 1933	Sper occu	it in this 4 Yrs.	Other Contributary Causes of importance:	
12. BIR	RTHPLACE (city or tow (State or country)		ryland.	**	Tuberculous Laryngitis	
œ   13	. NAME T	Herman Sr			- Tabel calous Latyng tols	
FATHER 14.	BIRTHPLACE (city or (State or country	town)	ryland		Neme of operation none	topsy 1 Q.
王	. MAIDEN NAME  BIRTHPLACE (city or (State or country)	Mary Bol	nlayer aryland.		23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State	, 19
17. INF	ORMANT	Margaret Baltimore		lly	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	DE.
18. BU	Plece Balto.		Date Unkr	1.O.W.11 , 19	Manner of injury	
19. UNI 20. FIL	3/21/20	L.Creage		Registrar.	24. Was disease or Injury in any wey related to occupation of deceesed? . It so, specify Atewart & Maffe (Signed) State Samator units	0 M.D.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	145	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		Sun over by Fred car	1 week ago
Cerebral hemorrhage	July5,1927	Perilonde	3 days ago
		40	
	10		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, , , , , , , , , , , , , , , , , , , ,	

V. S. No. 1

N. B.—WRITE-PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

1. PLACE OP DEATH		-CERTIFICATE OF DEATH	5207
County Kiederick	Within the Corporat	Registration Dist. No.	3/
Village or City Thederic	&	NO. 300 Voulc Ose. St., If death occurred in a horpital or institution, give its NAME instead of street a	Ward
Length of residence In city or town where dea	th gecurred 4 0 yrs. mid		nd number)mosds
2. FULL NAME Matte &	· · · · · · · · · · · · · · · · · · ·	· no oute	ren
(a) Residence: No. 300 Park	(Usual place of abody) 100	St., St. If nonresident give city or town	and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  5 25 (Month) (Day)	193 6 (Year)
5a. If married, widowed or divorced			
(or) WIFE of Denjamun Je	Muller	1 HEREBY CERTIFY, That I ettend	led deceased from
6. DATE OF BIRTH (month, day, and year) 3 -	19-1874	I last saw h a alive on May 23 to 1.18	_; death is said
7. AGE Years Months	Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9:20 m.	
62 2	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were estollows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Myerry	1921
9. Industry or business to which work was done, as SILK MILL.	reservit.		
10. Oate deceased last worked at	11. Total time (years)	- 0	
this occupation (month and 193 4	spent in this 35		Art
2. BIRTHPLACE (city or town) Mary	dvd	Other Contributory Causes of importance:	1034
(State or country)	00	walk any	
13. NAME Leage Por	vece		
(State or country)	land	Name of operation Date o	The state of the s
15. MAIDEN NAME Martha /	Leulis.	What test confirmed diagnosis? Was there at 23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of Injury	
(State or country)	04:	Where did injury occur? (Specify city or town, county and	
17. INFORMANT CSURE, Muller (Address) 300 Park and	Frederick	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Oate 5: 28 136	Menner of injury	
Place My Cearti Cem	Oate 5- 28 ,1936	Nature of injury	
19. UNDERTAKER Comad Fundaments (Address) Frederick	nal Home	24. Was disease or injury in any way related to occupation of deceased	N
017 110	Da. Co	If so, specify (Signed) Trum	11
20. FILE 26 May, 1926. Ora	Registrar.	(Address)	M. O.
If more blan	hks are needed, address State Revistral	2010 N Charles Street Balthana Panastan G1 S N	,

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Frampe E   V E D		Example II	
The principal cause of death and related causes of importance were as follows 6 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF BEATH County.  Village or City.  Length of residence in city or town where death occurred.  Visc.  Village or City.  Length of residence in city or town where death occurred.  Visc.  Mos.  As How long in U. S. if of foreign birth?  Veteran, specify WAR.  (a) Residence: ND. D.  U.U. Langthee of abode?  Veteran, specify WAR.  St.,  Ward.  4. COLOR ON RAKE  S. SINGLE, MARRIED, WIDOWED, OR DVORCED twrite the word)  (b) WERCED twrite the word)  1. AGE  Veers  Months  Veers  Months  Veteran, specify WAR.  S. If I morried widowed, or divorced for Widowed, or d
Village or City.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  Length of residence in city or town where death occurred.  Village or City.  Village or City.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  Village or City.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  Village or City.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  Village or City.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  (If deals saurred in a hospital or institution, give its NAME instead of kreet and number)  deals.  (If US Veteran, specify WAR.  St., Ward.  (Month)  (Name or Color of NAME  If LESS than latered deceesed less word or institution, give its NAME instead of kreet and number)  If US Veteran, specify WAR.  MEDICAL CENTIFICATE OF DEATH  (Month)  (Mo
Length of residence in city or town where death occurred
Length of residence in city or town where death occurred yrs
(a) Residence: ND. O  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  (A) A COLOR OR RASE  (B) SINGLE, MARRIED, WIDOWED, OR INVORCED Perrice the word)  (B) If merried, widowed, or divorced HUSBAND of (or) WIFE of  (A) DATE OF BIRTH (month, day, end year)  (A) AGE  (B) Yeers  (C) WIFE of  (Month)  (De)  (Woar)  (A) The REBY CENTIFICATE OF DEATH  (Month)  (De)  (Wear)  (Woar)  (Woar
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  I. EXX
PERSONAL AND STATISTICAL PARTICULARS  I. IX. 4. COLOR OWARCE S. SINGLE MARRIED, WIDOWED, OR DVORCED Payrice the word)  ie. If merried, widowed, or divorced HUSBAND of (or) WIFE of  I. AGE Yeers Months Days If LESS than 1 dey. hrs. or min.  3. Treda, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  3. Treda, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  4. Dete deceased lest worked et this occupation (month and year)  Other Contributory Causes of importance:  Other Contributory Causes of importance:
1. AGE Yeers Months Vays If LESS than 1 dey
OR DVORCED Carrie the word)  ie. If merried, widowed, or divorcad HUSBAND of (or) WIFE of  DATE OF BIRTH (month, day, end year)  AGE Yeers Months Days If LESS than 1 dey, hrs. or min.  8. Treda, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased less worked et this occupation (month and year)  Other Contributory Causes of importance:  Other Contributory Causes of importance:
HUSBAND of (or) WIFE of  DATE OF BIRTH (month, day, end year)  AGE Yeers Months Oays If LESS than 1 dey,
(or) WIFE of  DATE OF BIRTH (month, day, end year)  AGE Yeers Months Days If LESS than 1 dey, hrs. or min.  8. Treda, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et this occupation (month and year)  Spent in this occupation (month and year)  Other Centributery Causes of importanca:
AGE Yeers Months Days If LESS than 1 dey
3. Treda, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et this occupetion (month and year)  (Stete or country)  11. Totel tima (years) spent in this occupation  Other Contributory Causes of importanca:
8. Treda, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et this occupetion (month and year)  12. BIRTHPLACE (city or town)  (Stete or country)  Date of onset  Wera as follows:  Date of onset  Other Causes of importance:
8. Treda, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Dete deceased lest worked et this occupetion (month and year)  spent in this occupation  Other Contributory Causes of importanca:
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dete deceased lest worked et this occupation (month and year)  11. Totel tima (years) spent in this occupation  Other Contributory Causes of importanca:
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Other Contributory Causes of importanca:  Other Contributory Causes of importanca:
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tayer . Thought
14, BIRTHPLACE (city or town). Dete of
(State or country)  Whet tast confirmed diagnosis?  Was there an autopsy?
15. MAIDEN NAME Jillian Olice miller 23. If daeth wes dua to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Tillian Olice miller 23. If daeth wes dua to externel causes (VIOLENCE) fill in also the following:  16. BIRTHPLACE (city or town) Date of Injury , 19
(State or country)  Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)
18. BURIAL, CREMATION, OR REMOVAL Menner of Injury
Place MX Olive X Cun Date May 20, 1936 Neture of injury
19. UNDERTAKER & E. Cline & Long 24. Was disease or injury In any wey pelated to occupation or deceased? NO.
(Address) Fredrick Md. If so, specify
20. FILED 20-May 1936. One The Curly (Signed)
Registral (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Frederick County Registration Dist. No. Village or City Near Yellow Springs (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. 2. FULL NAME Mrs. Margaret Catherine Moss Weteran, specify WAR\_\_ Near Yellow Springs (Usual place of above) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Female White Married 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvester Moss February 26.1854 6. DATE OF BIRTH (month, day, and year) 7. AGE Years If LESS than Davs I day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 82 or ..... min. Oata of onset 8. Trade, profession, or particular PATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) spent in this 58 Date deceased last worked at this occupation (month and occupation \_\_\_\_\_ 12. BIRTHPLACE (city or town) .... Marvland (State or country) FATHER William Harper 13. NAME 14. BIRTHPLACE (city or town) \_\_ Maryland (State or country) What test confirmed diagnosis?\_ ----- Was there an autopsy. MOTHER 15. MAIDEN NAME Maltilda Bitzenberger 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ 16. BIRTHPLACE (city or town) ... (State or country) Maryland (Specify city or town, county and State) 17 INFORMANT Mrs. George W. Salter Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE (Address) Frederick, Maryland 18. BURIAL, CREMATION, OR REMOVAL near Frederick Manner of Injury Place Pleasant Hill Cem. Date May 4,1936 19. UNDERTAKER M. R. Etchison & Son 24. Was disease or injury in any way related to occupation of deceased (Address) Frederick, Maryland If so, specify

> (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JUN 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5211
county Frederick	Registration Dist. No. / 3 8
Village or City 17, Ifamesville,	No. St. Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
D = 1 M M	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Dessil VMulfing	QUI"
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  (W-ideal)	21. DATE OF DEATH and 19 193 6
5a. If married, widowed, or divorced HUSBAND of (or) WIES of Philips Mulpinger	22. JHEREBY CERTIFY. That I attended deceased from 1935 to May 19 1935
6. DATE OF BIRTH (month, day, and year) Oct. 1/5, 1/855	I last saw her alive on May 14 1936; death Is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
8-0 7 0 1 day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
8. Trade, profession, or parlicular kind of work dona, as SPINNER,	Caremorna of breach 1934
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or fusiness in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and	
10. Oate deceased last worked at this occupation (month and year) crupation corupation	
12. BIRTHPLACE (city or town) Wy. I formaguly (State or country)	Other Contributory Causes of Importance:
A A FRIENDS	
I ()	
4. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of What test confirmed diagnosis? Where Was there an au opsy? Here
15. MAIDEN NAME Mantha Heath.	What test confirmed diagnosis? Was there an au opsy? 23. If death was due to external causes (VIOL ENCE) fill In also tha following:
15. MAIOEN NAME Martha Hyatt:  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Herry. P. Muhaetter: Booth	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Pleasers Hill Date 5, 2, 1936	Nature of injury.
19. UNDERTAKER Washer Market and	24. Was disease or injury in any way related to occupation of deceased? How
20. FILEO May 21, 19 36 Lucian B. Falconar Registra.	(Signed) aruch R Rough M. O.  (Address) New Market lug M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Within the Corporade Links County Frederick Registration Dist. No. No. 1208 N. Market Village or City Frederick Within Mos. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred \_\_10\_yrs,\_\_\_ \_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_vrs.\_\_\_\_mos.\_\_ If U. S. Veteran, specify WAR. 2. FULL NAME Annie Matilda Nusbaum 1208 N. Market If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Female White Widow (Month 5e. If married, widowed, or divorced HUSBANO of George McC. Nusbaum 22. I HEREBY CERTIFY. Thet I ettended deceased from (or) WIFE of February 2. 1866 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Monthe If LESS than Oays to heve occurred on the date stated ebove. 1 dev.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence 70 2 29 70 or\_\_\_\_min. Oate of onset 8. Trede, profession, or perticuler NO kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. House work 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... At. Home 10. Dete deceesed last worked at 11. Total time (yeers) this occupation (month and yeer) \_\_\_\_Jan \_\_192 spent in this occupetion 45 Maryland (Stete or country) 13. NAME Agustus Winsing 14. BIRTHPLACE (city or town) \_\_\_ Neme of operation. Maryland (Stete or country) What test confirmed diegnosis?\_. ----- Was there en eutons: 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following:

12. BIRTHPLACE (city or town) ... FATHER MOTHER Josephine Thompson 16. BIRTHPLACE (city or town)\_ Maryland (State or country) 17. INFORMANT Mrs. Markell H. Nelson

(Address) Frederick. Md.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery Plece Frederick, Md. Dete May 9, 1936

19 UNOERTAKER M. R. Etchison & Son (Address) Frederick, Maryland

24. Was disease or injury in eny wey related to occupetion of

Accident, suicide, or homicide?\_\_\_\_\_ Dete of injury\_\_\_\_

Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.

(Specify city or town, county and State)

If so, specify (Signed)

Menner of injury

Neture of injury

Where did injury occur? ....

(Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. D. Every item Y, WITH UNFADING INK-THIS IS A PERMANENT RECO CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PEAL

1	S. PLACE OF DEA		F MAR	YLAND-	CERTIFICATE OF DEATH	213
	County	Free	lerick,		Registration Dist. No. 139	
	Village or City			orium, M	d No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of residence In ci	ty or town whera	leath occurred 2	vrs. 7 mos	death occurred in a hospital or institution, give its NAME instead of street and 24ds. How long in U.S. if of foreign birth?yrs	nos ds.
2					If U. S. Veteran, specify WAR_AAA	1103,
					St., Ward Baltimore Maryland	d
	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. 8	0-1-2	r or race ite		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH  May 26  (Month) (Day)	
5a,	If married, widowad, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I attende	· · · · · · · · · · · · · · · · · · ·
6. I	DATE OF BIRTH (month, day	y, and yaar)	May 31	1913	<u> </u>	; death is said
7. /	AGE Years	Months	Days	If LESS than	to have occurred on the date steted above, at 3.55A.M.	
-	22	11	25	ormin.	The PRINCIPAL CAUSE OF DEATH and ralatad causas of importanca ware as follows:	Date of onset
NO	8. Trada, profession, or pa kind of work dona, SAWYER, BOOKKEE	as SPINNER,	Stude	nt.		
PATION	9. Industry or business in work was done, as S SAW MILL, BANK, o	N WHICH SILK MILL, etc		<b></b>	Pulmonary Tuberculosis	July
300	10. Data deceased last wor this occupation (moyear)	kad at nthend OC L 10	11. Total ti spen occu	ma (years) nt in this pation 14Yrs		1933
12.	BIRTHPLACE (city or town)	Ba	ltimore	•	Othar Coutributory Causes of Importance:	
	(State or country)		ryland.	,	Tuberculous Laryngitis	
HER	13. NAME	Harry Pa	lmer			
FATHER	14. BIRTHPLACE (city or to (Stata or country)		ryland		Name of operationnonePos_Sputum of Whet tast confirmed diegosts.t.X_Ray Was there are	autopsy?_po
MOTHER	15. MAIDEN NAME	Laura	Freelan	d	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the followi	
10	16. BIRTHPLACE (city or to				Accidant, suicide, or homicida? Date of injury	, 19
		Charles	H. Palm	er	Where did injury occur?  (Specify city or town, county and Signal Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ate) PLACE.
18.	BURIAL, CREMATION, OR R		e, Ma. Date Unkn	OWn ,19	Manner of Injury	
19.		L.L.Cres			24. Wes disease or injury in any way releted to occupation of decaasad?	no
20.	FILED TO THE PARTY.	19	Mille	Registrar.	(Addrass) State Sana torie	er M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NAT NAME			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
		,,	

state UPA-	STATE OF MARYLAND—		0.4.4
	1. PLACE OF DEATH	20 04	214
000	County Frederick,		)
1	Village or City State Sanatorium, Mo	No. St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
	(If- Length of residence in city or town where death occurredyrs,&mos.	death occurred in a hospital or institution, give its NAME instead of street and	number)
	2. FULL NAME Jacob Przybylski		
-	(a) Residence: No. 426 S. Bond, St. (Usual place of abode)	St., WarBaltimore, Maryland	d State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
l	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	Male White Single	May 31 (Month) (Day)	, 1936 (Yeer)
-	5a. If married, widowed, or divorced HUSBAND of		
	(or) WIFE of	22. I HEREBY CERTIFY, That I attended	
Contract of the last		Mar. 21 ,136 ,to May 31 ,136	, 19.26.
	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to have occurred on the date stated above, al 2.00	; deeth is said
	76 10 Q I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
	UIIIIII.	were as follows:	Date of onset
-	Trade, profession, or particular kind of work done, as SPINNER, Dental Mechanic SAWYER, BODKKEPER, etc		
	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Pulmonary Tuberculosis	Oct.
	SAW MILL, BANK, etc		
I	Date deceased last worked at this occupation (month and b. 1936 spent in this 3 yrs year)		
	Joan John Company	Other Contributory Causes of importence:	
	12. BIRTHPLACE (city or town)	D-1	
		Pulmonary Gangrene	
-	Ε	None of control of the control of th	
	14. BIRTHPLACE (city or town)     (State or country)	Name of operation	
		What test confirmed diegnostics CS - Was there and 23. If death was due to external causes (VIOLENCE) fill in elso the following	
		Accident, suicide, or homicide?	
	O 16. BIRTHPLACE (city or town)  (State or country)  Poland	Where did injury occur?	
-		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLEC P	ate) I ACE
-	17. INFORMANT Jacob Przybylski (Address) Baltimore, Md.		
-	18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury	
	Place Balto, Md. Date Unknown, 19	Nature of injury	
	19. UNDERTAKER M.L. Creager	24. Wes disease or injury in any wey related to occupation of deceased?	no

Thur hold. Md

20. FILED

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	THN 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	3 P. A. V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	

AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT-RECORD. Every item of CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

infor-

Sa. If married, widewed, or divorced HUSBATO (Cory WIFE of WIF	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5215
Village or City Management of the Country of	1. PLACE OF DEATH	93-20
Length of residence in city or Layer where death occurred of the common	County - rederigh to	Registration Dist. No. \ 5 2
Length of residence in city or Jown where death occurred of the second o		
(a) Residence: No. Included (Usuapace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACY  WILL  4. COLOR OF RACY  WILL  5. SINGLE, MARRIED, WIDOWED  OR DIVORCED (with the wight)  6. DATE OF DEATH  22.  1. HEREBY ERTIFY. That I attended deceased from Cro's Wile of Will  (Wongth)  (Day)  1. It isst saw h earlier of the deceased from Cro's Will  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  1. It LESS than I dayhrs.  1. Industry to basiness in which it.  SAWTER, BOOKREPER, etc.  3. Industry to basiness in which it.  SAW MILL, BRNK, etc.  10. Date deceased farm which it.  SAW MILL, BRNK, etc.  11. Total time (years) spent in this occupation (more) and year)  12. BIRTHPLACE (city of town)  (State or country)  13. NAME  14. BIRTHPLACE (city of town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city of town)  (State or country)  16. BIRTHPLACE (city of town)  (State or country)  17. INFORMANT  (Address)  Was there an audopsy?  28. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Name of operation  What test confirmed diagnosis?  Was there an audopsy?  29. Manner of injury  Newber did injury occur?  Specily whether injury occurred in INDUSTRY, in Hole, or in PUBLIC PLACE  MEDICAL CERTIFICATE OF DEATH  19. Was there on audopsy?  19. Was there an audopsy?  20. In HEREBY  19. Was there an audopsy?  20. It HEREBY  19. Was there an audopsy?  20. It HEREBY  19. Was there an audopsy?  21. Informant  (Manner of injury  Nature of injury  19. UNOERTAKER	78 /	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  WILLIAM  5. SINGLE, MARKED, WIDOWED OR DIVORCED (write the wigh) OR	2. FULL NAME Tollius G. Medde	ick
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  5. SINGLE, MARKIED, WIDOWED OR DIVORCED (Jurke the word)  5. If married, widowed, or divorced (cr) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than I day,		
21. DATE OF DEATH  Worked, or divorced HUSBAND of (Or) WHE of  North of Parts  Months  Osys  If LESS than Iday		
Sa. If married, widewed, or divorced HUSBATO (Cory WIFE of WIF		
53. If married, vidowed, or divorced HUSEAND O	OP DIVORCED (quirte the work)	may 29 ,193 6
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than I day, hrs. or min. kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc min. kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc min. kind of work done, as SILK MILL, SAW MILL, BANK, etc	5a. If married, widowed, or divorced	
S. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than It day		M 4
7. AGE  Years  Months  Oays  If LESS than I day. hrs. or. min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oate of enset  Were as follows:  Oate of enset  Were as follows:  Oate of enset  To have occurred on the date stated shove, at 11. The principal of the	6. DATE OF BIRTH (month, day, and year) MALT 25. 1857	. 22 - 2 1
SAWYER, BOOKKEPER, etc.  9. Industry or business in which work done, as SPINNER, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (more and year)  11. Total time (years) spent in this occupation (more and year)  12. BIRTHPLACE (city of town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURNAL (CREMATION OR REMOVAL)  Place  18. BURNAL (CREMATION OR REMOVAL)  Place  19. UNDERTAKER  10. Actions in min.  Were as follows:  Oate of enset  Actions:		to have occurred on the date stated above, at 11-30Pm.
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.   19.33		were se fellows:
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date decessed last worked at this occupation (morphand year) spent in this 50 occupation (worked at this occupation) (State or country)  12. BIRTHPLACE (city of town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) Date of (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) State or country)  17. INFORMANT  (Address) Was there an autopsy?  18. BURIAL, CREMATION, OR REMOVAL Place (City or town) Country and State)  18. BURIAL, CREMATION, OR REMOVAL Place (City or town) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  19. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of deceased?	kind of work done, as SPINNER.	
work was done, as SIK K MILL, SAM MILL, BANK, etc.  10. Date deceased last worked at this occupation (more) and year)  12. BIRTHPLACE (city of wwn)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  19. Manner of Injury  Name of operation.  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of injury.  19. Where did injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  Natu	SAWYER, BOOKKEEPER, etc.	Chrome myocardetal 1933
10. Date deceased last worked at this occupation (more) and year).  12. BIRTHPLACE (city of town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION OR REMOVAL Place (Madress)  18. BURIAL, CREMATION OR REMOVAL Place (Madress).  19. UNOERTAKER  19. UNOERTAKER  10. Total time (years) spent in this occupation (Other Courtibutory Causes of importance:  18. Date of (Matress)  19. Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury.  Nature of Injury  19. UNOERTAKER  19. Was disease or injury in any way related to occupation of deceased?	work was done, as SILK MILL,	
Other Ceutributery Causes of importance:  Other Ceutributery Causes of i	10. Date deceased last worked at this occupation (more) and spent in this	
13. NAME   14. BIRTHPLACE (city or town)   15. MAIOEN NAME   16. BIRTHPLACE (city or town)   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   19. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER   19. UNDERTAK	1 mariland	Other Coutributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:  16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury, 19  17. INFORMANT ACCIDENTAL ACCID	12. BIRTHPLACE (City Octown)	
What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:  16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury, 19  17. INFORMANT ACCIDENTAL ACCID	13. NAME Tenard Teddick	
What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:  16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury, 19  17. INFORMANT ACCIDENTAL ACCID	14. BIRTHPLACE (city or town)	Name of operation Date of
16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place Manual Control of Contr	(State or country) Mary and	What test confirmed diagnosis? Was there an autopsy?
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Manner of Injury  Nature of Injury  19. UNOERTAKER  Mere did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Nature of Injury  24. Was disease or injury In any way related to occupation of deceased?	15. MAIOEN NAME Jenna Waltz	23. If death was due to external causes (VIOL ENCE) fill in also the following:
17. INFORMANT We describe the specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Was Manner of Injury  Nature of Injury  19. UNOERTAKER  19. Was disease or injury In any way related to occupation of deceased?		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Manner of Injury Nature of Injury  19. UNOERTAKER  Manner of Injury  19. Was disease or injury In any way related to occupation of deceased?  24. Was disease or injury In any way related to occupation of deceased?	(State or country) mary and	Where did injury occur?  (Specify city or town, county and State)
Place Union Chaffe Bate Fusie, 1936 Nature of Injury  19. UNOERTAKER H. W. W. Tight 24. Was disease or injury In any way related to occupation of deceased?		Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER 19. Who was disease or injury In any way related to occupation of deceased? 100		Manner of Injury
The street of th	Place Union Chaffe Bate Fund 1906	Nature of Injury
TI SU, SUCLIFY L	19. UNOERTAKER I - W Woright  (Address) walkerswife med	24. Was disease or injury In any way related to occupation of deceased?
20. FILED SINCE 1, 36, Per Ward Stanffer (Signed) OVER 1 (Ardress) It allers and M. D.	V. 25 PM- 14-00	(Signed) VEN/2 M.D.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	If more blanks are needed, address State Registrar,	

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Example I	ii	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL !	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ...

BINDING

FOR

RESERVED

MARGIN

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UN 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

(Day)

(Yaar)

Date of onset

BINDING RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	-	Example II	
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Chronic interstitial nephritis UN 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

infor-

STATE	OF MARY	LAND-	CERTIFICATE OF DEATH	910
1. PLACE OF DEATH			Wan X	410
County Areaeric	18		Registration Dist. No.	53
7//	erroiece		NoS	t.,Ward
Length of residence In city or town wher	o dooth occurred		death occurred in a hospital or institution, give its NAME instead of street	
	e death occurred	0 6	now long in 0.5.11 of loteign bitting	
2. FULL NAME & au-	101	100/8	061-	4-01
(a) Residence: No.	(Usual place of	abode)	St., Ward. Concern was street of the street	vn and Stale
PERSONAL AND STATIS	TICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	ТН
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR	IED, WIDOWED, (write the word)	21. DATE OF DEATH	
mail trite	Sing		(Month) (Day)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of	0			
(or) WIFE of		1,1	22. I HEREBY CERTIFY, That I ett April 20, 19 36 to May 4,	ended deceased from
6. DATE OF BIRTH (month, day, and year)	10c 28-	1853		36 ; deeth is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date steted above, at 9 Am.	
82 5	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER,				Date of onset
SAWYER, BDDKKEEPER, etc		********	Arterio-sclerosis	1932
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Harmer			
10. Date deceased last worked at	11. Total tim	ne (yeers)		
this occupation (month and 20.		in this ation		
12. BIRTHPLACE (city or town)	Int airy		Dther Contributory Causes of importance:	
(State or country) Correct	e co. Im	d.	Cerebral hemorrhage	Apr.20
13. NAME Samuel	00 R.			1936
13. NAME Samuel 1	not airy	,	Name of operation Dat	e of
(State of country) Carrol	e cortin	d.	What test confirmed diagnosis? Was the	re an autopsy?
15. MAIDEN NAME Lydia &	Taile		23. If death was due to external causes (VIDLENCE) fill in also the fo	
16. BIRTHPLACE (city or town)	mr use	1	Accident, suicide, or homicide? Date of Injury	, 19
(State of county)	sec. 60.0	ma.	Where did injury occur?(Specify city or town, county as	nd State)
17. INFORMANT Po Ly Gust	smiss le	<u></u>	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	REC.		Manner of Injury	
Place Pipu Creep	Dete May	6. , 1936	Neture of injury	
19. UNDERTAKER & C Bary	ân O		24. Was disease or injury In any way related to occupation of decease	ed? No
(Address) Kacherous	a l	1 1 1	If so, specify	)
20. FILED May 6. 36 /	Mard	author	(Signed) OSEPJA IV. Jan	eg/ M. D
		Registrar.	(Address) flablusville,	Ded.
U If mo	re blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhaga JUN 2 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
ould OCCT	County Frederick	Registration Dist. No.	
item of should of OCC	/ Village or City Near Frederick	Naan Umadaniale O 2	
.= 0	(If Langth of rasidence in city or town whera daath occurred 40 _yrsmos	No. Next. F1.6006121CK/C	
CORD. Every PHYSICIANS Ret statement	2. FULL NAMEMES. Mary Ellen Rothenhoe (a) Residence: No. Nr. Frederick W.d.	(1), 7-1	
PH.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
LY. By	3. SEX female  4. COLOR OR RACE white  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Price the word)	21. DATE OF DEATH  May 24th , 193 6  (Month) (Day) (Year)	
MANEN ACTL assified.	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of John L. Rothenhoefer	22. I HEREBY CERTIFY, That I attanded daceased from  24. 1936, to 19	
EXE.	6. DATE OF BIRTH (month, day, and year) Jan. 5. 1871	Golera morpee her alive; death is said	
IS A PE stated E properly certificate	7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at6Pm.  The PRINCIPAL CAUSE OF DEATH and ralatad causes of importance ware as follows:	
his be be	8. Trada, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Chronic myscadite 1934	
Shou t it m	work was done, as SILK MILL, SAW MILL, BANK, etc		
So so icti	12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:  1950	
UNFA supplied n terms, ee instru	13. NAME George L. Twentey		
sul sul in to See	13. NAME George L. Twentey   14. BIRTHPLACE (city or town)   Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis?	
x, WIT carefully H in pla ortant.	斯 15. MAIDEN NAME Marrietta Mayne	23. If death was due to axtarnal causes (VIOL ENCE) fill in also tha following:  Accident, suicide, or homicide?	
3 H S	15. MAIDEN NAME Marrietta Mayne 16. BIRTHPLACE (city or town) Maryland (State or country)		
S PLAINT Should be OF DEA'	17. INFORMANT John W. Rothenhoefer (Addrass) Frederick, Md. R. D. 5		
[+] .W	18. BURIAL, CREMATION, OR REMOVAL  Cemetery  Complete Brook Hill Chapel CMay 26 19 36	Manner of Injury	
mation CAUSI	19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.	24. Was disease or injury in any way ralated to occupation of daceased?	
z.	20. FILEDAS- man , 1936, Dra J. M. Curly Acgistrar.	(Signad) MACLICE M. D. (Address) Transaca M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

r	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5200
sta UP.	1. PLACE OF DEATH	940 121
hould OCC	County Tudence Within the Lier	Registration Dist. No.
shor of O	Village or City Trederice, Mat.	death sourced in a hospital or institution, give its NAME/instead of street and number)
t SZ	Length of residence in city or town where death occurredyrsmos.	dst How long in U.S. if of foreign birth? A yrs. mos. ds.
TVI TWI	2. FULL NAME HARRY SCHWART	2 Comment of the sections
COLD. Every PHYSICIANS ict statement	(a) Residence: No. 2-13 E. 45 St. (Usual place of abode)	St., Wards If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Da)  (Year)
I C T C	5e. If married, widowed, or divorced HUSBAND of	1
A C T J	(or) WIFE of Munne Schwarty	22. I HEREBY CARTIFY That I attended decesses from
G N E	6. DATE OF BIRTH (month, day, and year) Ckil 6, 1888	I tast saw h was alive on the 1
A FE ted E perly ificate	7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 5 10 mg
ate operation	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related cabes of Importance were as follows:
be pr	8. Trade, profession, or particular kind of work done, as SPINNER, CAULAN CAULAN SAWYER, BOOKKEEPER, etc.	Sorman Oulum 173
ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	<u> </u>
£		U
AGE si that it ons on	10. Date deceased last worked at 6 hours 1 spent in this occupation (month and 2 year) 2 6 occupation 2 0	
		Other Contributory Causes of Importance:
7 _ 5	12. BIRTHPLACE (city or town) (State or country)	
Supplied. n terms, ee instru	II. NAME QUERON	
sup in te	14. BIRTHPLACE (city or town)	Name of operation Date of
- > 0	Colate of Country)	What test confirmed diagnosis? Was there an autopsy?
r, wr carefull 'H in pl ortant.	15. MAIDEN NAME	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
carefu TH in portant.	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
	(Stete or commercy)	Where did Injury occur? (Specify city or town, county and State)
should be OF DE	17. INFORMANT (Address) 4 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
sh sh o E	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place	Nature of injury
mation s CAUSE TION is	19. UNDERTAKER (Address)  434  - Dalto - At-	24. Was disease or injury in any way related to occupation of deceesed?
i	20. FILED T- PN and 1936. Dre J. M. C. Christian. Registrar.	(Signed) M. C. (Address) M. C. (Address)
0	If more blanks are needed, address State Registrate.	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis 5 1936	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	Jay5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1.

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1. PLACE OF DEATH  County Frederick  Village or City Frederick	Whithir the	Oordulate un	942 1 2	
			No. 215 W. Patrick St.	War
Length of residence in city or town where de	eath occurred	.5_yrsmos	deaths occurred in a hospital or institution, give its NAME instead of street and n  How long in U.S. if of foreign birth?mo	
2. FULL NAME George Wa (a) Residence: No. 215 W. F	atrick	St. p	If Oos, Veteran, specify WAR None	*********
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
W COZON ON MACE	OR DIVORCED	(write the word)	21. DATE OF DEATH  May 21st	, 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crebs	Tropo in		22. I HEREBY CERTLEY, That I attended of	` '
6. DATE OF BIRTH (month, day, and year) Apr	il 25,	1891		: death is sai
	Days 26	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 5 Pem.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade, profession, or particular kind of work done, as SPINNER, V SAWYER, BOOKKEEPER, etc	Pres.			Date of onse
SAW MILL, BANK, atc	6 11. Total tip	ma (years) 15	an genfu Proturis	2.5m
12. BIRTHPLACE (city or town) - Marylar (State or country)	ıd		Other Coatributory Causes of importance:	
13. NAME George W. She	ets		1 - Egemen Willes & Carego	
14. BIRTHPLACE (city or town) Mary (State or country)	land		Name of operation Date of What test confirmed diagnosis?	utonev? 70
15. MAIDEN NAME Ella Cavel	1		23. If death was dua to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town) Maryl (State or country)	and		Accident, suicide, or homicide? Date of injury Whera did Injury occur?	
(Address) Frederick	ets.	0 100	Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.
11/1	Sata May	124, 19 36	Manner of Injury	
19. UNDERTAKER M. R. Etchiso		1	24. Was disease or injury in any way related to occupation of deceased? _ ?	w
		Kegistrar.	(Signed) U. G. Baurne Ju (Address) Frederick, Vnd.	M.
	(a) Residence: No. 215 W. F  PERSONAL AND STATISTIC  3. SEX  4. COLOR OR RACE  Male  White  5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crebs  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  45  O  Trade, profession, or particular kind of work done, as SPINNER, V. SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. SAW MILL, BANK, atc.  10. Date deceased last worked atf this occupation (month and year)  12. BIRTHPLACE (city or town). Marylar (State or country)  13. NAME George W. She  14. BIRTHPLACE (city or town). Maryl  15. MAIDEN NAME Ella Cavel  16. BIRTHPLACE (city or town). Maryl (State or country)  17. INFORMANT Mr. M. R. She (Address) Frederick  18. BURIAL, CREMAILON, OR REMOVAL  19. UNDERTAKER (Address) Frederick  19. UNDERTAKER	(a) Residence: No. 215 W. Patrick  (Usual place of PERSONAL AND STATISTICAL PARTICS.  3. SEX  4. COLOR OR RACE  Male  White  Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Crebs  6. DATE OF BIRTH (month, day, and year) April 25,  7. AGE  Years  Months  Days  45  O 26  Trade, profession, or particular kind of work done, as SPINNER, V. Pres. SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. SAW MILL, BANK, atc.  10. Date deceased last worked at 5/1/36  11. Total tithis occupation (month and 5/1/36)  11. Total tithis occupation (month and 5/1/36)  12. BIRTHPLACE (city or town). Maryland. (State or country)  13. NAME George W. Sheets  14. BIRTHPLACE (city or town). Maryland. (State or country)  15. MAIDEN NAME Ella Cavell  16. BIRTHPLACE (city or town). Maryland. (State or country)  17. INFORMANT Mr. M. R. Sheets. (Address) Frederick Md.  18. BURIAL, CREMATION, OR REMOVAL Maryland. (Address) Frederick, Md.  19. UNDERTAKER  M. R. Etchison & Jone (Address) Frederick, Md.  20. FILED A. May, 1936, Jan M. M. C.  20. FILED A. May, 1936, Jan M. M. C.  20. FILED A. May, 1936, Jan M. M. C.  Continued and the second and the	(a) Residence: No. 215 W. Patrick  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)  DIVORCED  Male  White  So. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)  DIVORCED  OR DIVORCED  Write word)  DIVORCED  TO DIVORCED  Wille word, and year)  April 25, 1891  7. AGE Years Months Days If LESS than Iday, hrs. or min.  Trade, profession, or particular kind of work done, as SPINNER, V. Pres.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Md. Trans. Co.  SAWYER, BOOKKEEPER, etc.  S	(a) Residence: No. 215 W. Patrick  (Usualplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (wing the word)  5. If married, widowed, or divorced (Or) WIFE of Mary Crebs  6. DATE OF BIRTH (month, day, and year)  4. Date of BIRTH (month, day, and year)  April 25, 1891  7. AGE  Year:  Months  Days  If IESS than  Iday, hrs., or. min.  SAWYER, BOOKKEPER, etc.  1. Industry or business in set sixtled above, at. 5 P.e. m.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:  D. Date decaded list weeking at SILK WILL, Md. Trans. Co.  D. Date decaded list weeking at SILK WILL, Md. Trans. Co.  D. Date decaded list weeking at SILK WILL, Md. Trans. Co.  This cocupation (month and SIL) As a spenin in this year)  12. BIRTHPLACE (city or town). Maryland  (State or country)  Maryland  13. NAME George W. Sheets  14. BIRTHPLACE (city or town). Maryland  (State or country)  Maryland  15. MAIDEN NAME Ella Cavell  16. BIRTHPLACE (city or town). Maryland  (State or country)  Maryland  17. INFORMANT M. M. R. Sheets  (Addent, suicide, or homicide? Date of injury.  What test confirmed diagnosis? Was there an a country of the spening of the specify what her injury cocurred in INDUSTRY, in HOME, or in PUBLIC PLA Market or Injury.  Neptic Manner of Injury  Neptic Manner of Injury in any way related to occupation of deceased? The Manner of Injury in any way related to occupation of deceased? The Manner of Injury in any way related to occupation of deceased? The Manner of Injury in any way related to occupation of deceased? The Manner of Injury in any way related to occupation of deceased? The Manner of Injury in any way related to occupation of deceased? The Manner of Injury in any way related to occupa

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: CEIVE!	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days aga
BURFALL V. S.		· · · · · · · · · · · · · · · · · · ·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MCY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item MARGIN RESERVED FOR BINDING N. B.—WRITE

V. S. No. 1

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5000
1. PLACE OF DEATH	(P) \ 131
County Frederick within the Dorpore	nogistration Dist. No
Villago or City Fredrick	No. 22 Winelester St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?
2. FULL NAME Lawson Lighter Sin	
2.1011	If U. S. Veteran, specify WAR.  St Ward.
(a) Residence: No. 2 2 Wwellastic (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of William C. Musth	May 20 1936 to May 22 1936
6. DATE OF BIRTH (month, day, and year) See. 25=1866	I last sew h. Ana alive on may 22 1,1936; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at6. Pm.
69 4 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER.	2
kind of work done, es SPINNER, Wetricel Tarung SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	- Magnitus -
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Ol is mell it a ti at
10. Date deceased last worked at 1933 11. Total time (years) 11. Total time (years) 11. Total time (years)	Ckrone rephreles Duration Two glass.
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Milddletone Valley	21
12. BIRTHPLACE (city or town) Middleton Valley (State or country)  13. NAME  Samuel & Smith	Willmia, Convellours 5-10.
13. NAME Account to Smith	
14. BIRTHPLACE (city or town) Mcddleton Valle (Stete or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Jarah Dighter  16. BIRTHPLACE (city or town) Middletton Valle	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?
15. MAIDEN NAME Park aughter  16. BIRTHPLACE (city or town) middletton Vall  (Stete or country) md  17. INFORMANT M. M. C. Michael  (Address) Judinica mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frederics had	
1) place Det oliver Cen par May 24 103/	Manner of injury
19. UNDERTAKER Gr & Glace Hong	nature (1 mjury
H 19. UNDERTAKER OF O. Olice Voy	24. Was disease or injury in any way related to occupation of deceased?
	(Signed) Torene M.D.
20. FILEDO 3. May, 1936. Des J. M. Curly.	(Address) Inederces (, Ind
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

-3	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	July 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.-WRITS-FLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5000
1. PLACE OF DEATH	(ME)
County Frederick	Registration Dist. No. 141
Village or City Petersontle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsds,
2. FULL NAME Shirly Kended Snow	to World War Velian
(a) Residence: No. Pelino will mod (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marrie Salander	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) May 28 1873	I last saw hour alive on May 16 19.36; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, By O. R. R. SAWYER, BOOKKEEPER, etc	Coronory occlusions ?
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
13. NAME alonga Smoots	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in the following:  Accident, suicide, or homicide?
17. INFORMANT Music Swoot (Address) Peterville Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE St. Make May 21, 1934	Manner of injury
19. UNDERTAKER ATT 22 TO VERY AND CADDRESS Brush And CADDRESS Brush And CADDRESS BROWN AND AND AND AND AND AND AND AND AND AN	24. Wes disease of injury in any way related to occuration of deceased?  If so, specify (Signed) Rellege (Management of the Company of the Co
If more blanks are needed address Seate Peristran	N. Charles Canad Patricina Program (7) C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
ly 5,1927	Peritonitis	3 days ago
May 1 1928	Other contributory causes of importance:	1 year
	1921	1921 Run over by street car ly 5,1927 Peritonitis  Other contributory causes of importance:


	County Frederick Village or City Frederick	within the Corporate M	Registration Dist. No. 2
		00 = (	If death occurred in a hospital or institution, give its NAME instead of street and num
			sds. How long in U.S. if of foreign birth?yrsmos
1.	2. FULL NAME Mrs. Mar:		If U. S. Veteran, specify WAR None
/	(a) Residence: No. $1025  \mathrm{M}_{\odot}$	(Usual place of abode)	St., Ward.  If nonresident give city or town and Sta
	PERSONAL AND STATIST	1,00	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  May 15th.,
	a. If married, widowed, or divorced HUSBAND of		
	(or) WIFE of Burton D. S	talev	1 HEREBY GERTIFY That I attended dec
9 6	DATE OF BIRTH (month, day, and year) Ap.		I last saw h & alive ADO a What A Solat
	AGE Years Months	Oays If LESS than 1 day,hrs.	the right rate of DEATH and I states causes of Hillociance
	8. Trade, profession, or particular	ormin.	were as follows:
rck of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House wife	Surge Hall
back UPA	9, findustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Course by hopping
1140	SAW MILL, BANK, etc	At home	
= 9	and the deceased last worked at	I II. I Offi (IIIIe (Aegiz)	4
s on	10. Date deceased last worked at this occupation (menth and year) 193	II. Total time (years) spent in this coccupation 120	
	2. BIRTHPLACE (city or town)	Spent in this coccupation 20	Other Coatyributory Causes of importance:
	2. BIRTHPLACE (city or town) Maryl.	6 spent in this 20 occupation 20	Other Codysbutory Causes of importance:  All the Codysbutory Causes of importance:  All the Codysbutory Causes of importance:  All the Codysbutory Causes of importance:
ous	2. BIRTHPLACE (city or town) (State or country)  13. NAME Eugene Brown.  14. BIRTHPLACE (city or town)	6 spent in this 20 occupation 20	Mame of operation of the state
See instructions	2. BIRTHPLACE (city or town) (State or country)  13. NAME Eugene Brown  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. The Times Tim	and gton County, Md.	Name of operation What test confirmed diagnosis? Was there an auto
See instructions	2. BIRTHPLACE (city or town) (State or country)  13. NAME Eugene Brown  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Ellen Zi	and gton County, Md.	Name of operation.  What test confirmed diagnosis?  Was there an auto  23. If death was due to external causes (VIOLENCE) fill in also the following:
See instructions	2. BIRTHPLACE (city or town) (State or country)  13. NAME Eugene Brown  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Ellen Zi	and gton County, Md.	Name of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide:
important. See instructions   MOTHER   FATHER     □	2. BIRTHPLACE (city or town) (State or country)  13. NAME Eugene Brown  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Ellen Zin  16. BIRTHPLACE (city or town) (State or country)  Washin  7. INFORMANT Burton D. Sta	and gton County, Md. mmerman ngton County, Mc	Name of operation.  What test confirmed diagnosis?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide:
ery important. See instructions	2. BIRTHPLACE (city or town) (State or country)  13. NAME Eugene Brown  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Ellen Zim  16. BIRTHPLACE (city or town) (State or country)  Washin  7. INFORMANT Burton D. State (Address) Frederick  8. BURIAL, CREMATION, OR REMOVAL Pl	and gton County, Md. mmerman ngton County, Mc aley Md. easant Hall Cem.	Name of operation.  What test confirmed diagnosis?  Accident, suicide, or homicide  Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE
is very important. See instructions	2. BIRTHPLACE (city or town) (State or country)  13. NAME Eugene Brown  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Ellen Zin  16. BIRTHPLACE (city or town) (State or country)  Washin  7. INFORMANT Burton D. State (Address) Frederick	and gton County, Md. mmerman ngton County, Mc aley Md. easant Hall Cem.	Name of operation.  What test confirmed diagnosis?  Accident, suicide, or homicide  Where did injury occur?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE
ON is very important. See instructions	2. BIRTHPLACE (city or town) (State or country)  13. NAME Eugene Brown  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME Ellen Zim  16. BIRTHPLACE (city or town) (State or country)  Washin  7. INFORMANT Burton D. State (Address) Frederick  8. BURIAL, CREMATION, OR REMOVAL Pl	and gton County, Md. mmerman ngton County, Mc aley Md. easant Hall Cem.	Name of operation.  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide: Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  Manner of Injury

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	tem bf	should
	D. Every	YSICIANS
	RECO	Hd .
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
FOR	IS A F	stated
ERVED	VK-THIS	should be
N KEN	ING I	AGE
MARGII	UNFAD	supplied.
	, WITH	refully
1	N. A.	be ca
I	E PL	should
	-WRIT	mation

Exact statement of OCCUPA-

properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

N. B.

TION is very important.

certificate.

See instructions on back

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. F	PLACE OF I	DEATH			23	225
		Frede			Registration Dist. No. 13	
	Village or City_	State	Sanato	rium, Md	a No. St., death occurred in a hospital or institution, give its NAME instead of street a	Ward
/	Laneth of excident	ce in city or town where o	(auth annuar d	(If	death occurred in a hospital or institution, give its NAME instead of street a	nd number)
						_mosas.
					If U. S. Veteran, specify WAR OO	
1 To	(a) Residence:	No. 712 W.	Barre, (Usual place	St.	St., Ward.Baltimore, Marylan If nonresident give city or town	d • and State
	PERSONAL	AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	1
3. SEX		color or RACE White		RRIED, WIDOWED, D (write the word) . ed .	21. DATE OF DEATH  May  (Month)  (Day)	, 193_6
5a. If m	narried, widowed,	or divorced				
(0	or) WIFE of	Barba	ra Stik	claitis	22. I HEREBY CERTIFY, That I attend Dec. 1 1935 to May 25	
6 DAT	F OF RIRTH (mor	nth, day, and year)	Feb. 2	7 1883	I last saw h im alive on May 23 136	
7. AGE	Years	Months	Oays	If LESS than	to have occurred on the date stated above, a 3. OOP all .	
	53	2	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8	Trede, profession		,	1 01	were as ronows.	Date of onset
ATION	kind of work	done, as SPINNER, OKKEEPER, etc.	Tailor	•		
A P	. Industry or busi	ness in which			Pulmonary Tuberculosis	Dec
3		ne, as SILK MILL, BANK, etc				1933
0	Oate deceased la this occupation	on (month and 193	11. Total t	time (years) ent in this upation OYrs		1333
	year)	Deo-* Tare	0CC	upation O.II.S.	Other Contributory Causes of Importance:	
	THPLACE (city or	town)				
1	(State or country)		huania	•		
当 13	. NAME	Stani S	tiklait	18		
14. 14.	BIRTHPLACE (cit (State or cou	ty or town)intry)	thuania		Name of operation_NONEPos-Sput-um <sup>Oate of</sup> What test confirmed diagnosidest - X-Ray Was there	
置 15.	MAIDEN NAME	Elizabet	h Kwiti	enckas	23. If death was due to external causes (VIOLENCE) fill in also the follow	
15. 16.	BIRTHPI ACE (cit	ty or town)			Accident, suicide, or homicide? Oate of injury	, 19
Σ	(State or cou		thuania		Where did injury occur?	
17. INF	ORMANT	Charles S	tiklait	is	(Specify city or town, county and Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC	State) PLACE.
(Address) Baltimore, Md.  18. BURIAL, CREMATION, OR REMOVAL			10, 110		Manner of injury	
	Place Balt	o. Md.	Date Unkr	10Wn 19	Nature of injury	
19. UN		harles B.		skas	24. Was disease or injury in any way related to occupation of deceased?  If so, specify 1 T + 1	no
20. FIL	. 11.5	J., 19	13	Registrar.	(Signed) Delewar & Smaf	M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BECEIVED	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gollstones  BUREAU V. S.	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 5226 should state of inforof OCCUPA. 1. PLACE OF DEATH item Village or City (If d PHYSICIANS PERMANENT RECORD. Every Length of residence in city or town where death occurred statement 2. FULL NAME (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) BINDING classified. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of V 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Davs If LESS than FOR stated 1 day, \_\_\_\_\_hrs. or .... min. SI 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION THIS MARGIN RESERVED Jo be be 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc..\_\_\_\_ back may should 1f. Total tima (years) #5 on 10. Date deceased last worked at this occupation (month and AGE so that yaar) \_\_\_\_\_ occupation \_\_\_\_\_ See instructions WITH UNFADING 12. BIRTHPLACE (city or town (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER 14. BIRTHPLACE (city or town)-6 (State or country) mation should be carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMAN is very 18. BURIAL, CREMATION, OR REMOVAL WRITE NOIL 19. UNDERTAKER V. S. No. 1 (Address) 2 20. FILED Man

1/1	11
Registration Dist. No. 17	7
No. St.,sthe occurred in a hospital or institution, give its NAME instead of street and it	Ward
ds. How long in U.S. if of foreign birth?yrs,m	
x1 /A	J
If U. S. Veteran, specify WAR	
St., Ward. If nonresident give city or town and	State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH	,
(Mopth) (Day)	, 193 (Year)
1 HEREBY CERTIFY, That I attended 1936, to May 29 1 last sawh alive on May 29 1,1936	deceased from , 193-6 ; death is said
to have occurred on the date stated above, atQm.	
The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Date of onset
hose been been a	5/36
O service of the serv	12/120
Dther Contributory Causes of importance:	
Nama of operation	
What test confirmed diagnosis? Was there an a	autopsy?
23. If death was dua to external causes (VIDLENCE) fill in also tha following	
Accident, suicide, or homicide? 200 Date of Injury	
Where did Injury occur?	
(Specify city or town, county and States) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	
Manner ol Injury	
Nature of Injury	×
24. Was disease or injury in any way related to occupation of deceased?	no
If so, specify	
(Signed) (Address)	M. D.
N Charles Charles Relating Paragraph (7) C No.	

Registrar.

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Example I E   V E		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

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Example II Example T The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago BURFAU Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis . 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

				MARGIN	NEW NEW	LERVI	2	FOF	MARGIN RESERVED FOR BINDING	
WRITE P	LAIN	LY,	WITH	UNFADI	NG IN	W-T	HIS	IS A	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECO	REC
mation sho	uld be	car	efully	supplied.	AGE :	plnods	pe	stated	mation should be carefully supplied. AGE should be stated EXACTLY. PH	PE.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back

TION is very important.

certificate.

of

. PHYSICIANS should state Exact statement of OCCUPA.

of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF	EATH			20 04	2558
County	Fre	derick,		Registration Dist.	No. 139
Village or City_				Md • ND. If death occurred in a horpital or institution, give its NAME inst	
Langth of residence	e In city or town whare		yrs3m	s. 4. ds. How long in U.S. If of foreign birth?	yrsds.
2. FULL NAME	Bern	ice G.	Taylor	0 1	02
(a) Residence:	No. 639	Henders (Usual place	on Blvd.	St., Ward. Cumberland, I	Id
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF	
3. SEX 4. Female	COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE Marri 60	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  May 31  (Month)	(Day) (Year)
5a. If married, widowed, of HUSBAND of	or divorced				
(or) WIFE of	John	Lauren	e Taylo	r 22. I HEREBY CERTIFY. Feb. 27 1936, to May	
6. DATE OF BIRTH (mon	th. dav. and year)	April	4 1903	I last saw h. Or alive on May 31	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, a4_20P.	
33	1	27	1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of wera as follows:	Importanca Data of onset
9. Industry or busing work was don SAW MILL, B.	doná, es SPINNER, DKKEEPER, etc ness in which ne, as SILK MILL, ANK, etc	Housewi	fe	Pulmonary Tuberculosis	Aug.
	st worked at n (morbled, 193	5. 11. Total ti spar occu	ime (years) It in this OYrs	Other Contributory Causes of Importance:	1934
12. BIRTHPLACE (city or (State or country)	town)	t Virgi	nia		
13. NAME	William	H. She	rcliffe		
14. BIRTHPLACE (city (State or cour	y or town)	ryland		Name of operation_NONEPos-Spu What test confirmed diagrates t_X_Ray	
15. MAIDEN NAME	Marga	ret P.	Smith	23. If death wes due to externel ceuses (VIOLENCE) fill in a	
16. BIRTHPLACE (city	y or town)M	aryland	•	Accident, suicide, or homicide? Date Where did injury occur?	
17. INFORMANT (Address)	Bernice Cumberl	G. Tay	lor	(Specify city or town Specify whether injury occurred In INDUSTRY, In HOME,	, county and State) or in PUBLIC PLACE,
18. BURIAL, CREMATION, PlaceCumb	or REMOVAL			Mannar of Injury	
19. UNDERTAKER	M.L.Crea	ger ont Md		24. Was disease or injury in any way related to occupation  If so, specify ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	of deceasad? NO
20. FILED	6 19	Alle .	Registrar.	(Address) Alate SanaTo	ium md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

The State of the S		

V. S. No. 1

of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5229
County Frederick	Beside Diet No. 138
9 1	Registration Dist. No. 178
Village or Gity January (If	No. May College Sawfarmer St., Ward death occurred in a hospital or instightion, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Ida A. Vayers	
(a) Residence: No. Acutor Pud (Usual place of abode)	St., Ward. 05 X-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 5 ~ 4 ~ 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
J. Tred Jawers	7 - 4 - 1936, to 5 - 4 - 1936
6. DATE OF BIRTH (month, day, and year) 4 - 25 - 1883	I last saw had alive on 5 4 , 19.36; death is said
7. AGE Years Months Days If LESS than I day,	to have occurred on the date stated above, at #220 fig.m.
9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Stewagrafiles SAWYER, BOOKKEEPER, etc.	
SAWYER, BOOKKEEPER, etc.	Curibial Cultivision 1931
work was done, as SILK MILL, SAW MILL, BANK, etc.	
Date deceased last worked at this occupation (month and year) 7 week and corrupation occupation	reishest surringe aful 29-1931
12. BIRTHPLACE (city or town) Deuton Med	Other Contributory Causes of importance:
(State or country)	Lucaletional melanchelia 1929
13. NAME N. N. Nource	
13. NAME 7. N. Down 14. BIRTHPLACE (city or town) Justin Gauss Co. 2014	Name of operation Date of
(State of Country)	What test confirmed diagnosis? _ Cleine A Was there an au'opsy? _ Re
15. MAIDEN NAME Many F. Downs	23. If death was due to external causas (VIDLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) Zueun anne Co. Ved	Accident, suicide, or homicide? Data of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mis Fred R. Queus (Rister) (Address) Deutone Med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place Deuten Date May 7th, 1956	Natura of injury
19. UNDERTAKER Slice Back (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
M- 1 21 9 : 1/24 1	(Signed) Verse M. Air

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

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	Example I	i	Example II	4
The principal cause of of importance were as		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Mis. 9. 3030	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can	The second secon		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH infor-OCCUPA. 1. PLACE OF DEATH plnods County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where daath occurred How long in U.S. if of foreign birth? statement 2. FULL NAME RECOKD. (a) Residence: No. new (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) PERMANENT CTL (Month) classified. BINDING 5a. If married, widowed, or divorced 22. CERTIFY. (or) WIFE of K × 田 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE If LESS than FOR Months Oavs to have occurred on the date stated above, at 1 day, \_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance IS or\_\_\_\_min. were as follows: 8. Trade, profession, or particular THIS CCUPATION kind of work done, as SPINNER, RESERVED SAWYER, BOOKKEEPER, etc. back may 9. Industry or business in which plnods work was done, as SILK MILL SAW MILL, BANK, etc .... 00 D. Data deceased last worked at 11. Total time (years) this occupation (month and spent In this that occupation \_. instructions UNFADING MARGIN 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?\_. MOTHER important. 15. MAIDEN NAME car 16. BIRTHPLACE (city or town DEATH (Stata or country Where did injury occur?. be plnods (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Menner of injury WRITE CAUSE mation LION Neture of injury. 19. UNDERTAKER (Address) If so, specify (Signed). 20, FILED.

Was thera en autopsy?\_ 23. If death was due to external causes (VIOLENCE) fill In elso tha following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Wes disease or injury in any way related to occupation of deceased? Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ward

(Year)

death is said

Date of onset

Thet I attended deceased from

(Day)

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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	ample I		Example II	
The principal cause of dead of importance were as follo	h and related causes	Date of oaset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	HIM 3 19	16 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

-WRITE

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CAUSE OF DEATH in pla mation should be carefully

TION is very important.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

	t e r	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5231
	infor state UPA	1. PLACE OF DEATH	h 0 101
-	nld OCC	County Fredericks	Registration Dist. No.
KI	E of	Village or City Montage - Emerge	re, No. Harpital St. Wa
23/		Length of residence in city or town where death occurredyrsm	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth? yrsmos.
	RD. Every YSICIANS statement	2. FULL NAME Charles Walla	1. 45-TC
	D. E SIC	(a) Residence: No. 210 6. 3 d. F.	ciest, Ward.
		(Usual place of abode)	in the resident give city or town and State
	PH xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	EZ.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
NG	ified	5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
BINDING PERMANEN EXACTI y classified tte.	(or) WIFE of	May 18 19.36 to May 19.3	
	6. DATE OF BIRTH (month, day, and year) Quy 26th 1932	I last saw h. Jeg. alive on 27 Aug 14: 1, 1926; death is sa	
	IS A PI stated I properly certificat	7. AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
FOR	IS A F stated properl ertifica	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
_	HIS be s of c	8. Trade, pfofession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7
RESERVED		9. Industry or business in which	Polising produced mylls
R	should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.	The Propolation and the
SSI	4 - 5	Date deceased last worked at this occupation (month and spent in this	The works July on Junary
RE	AGE that ons	year) occupation	Other Contributory Causes of importance;
MARGIN	So so icti	12. BIRTHPLACE (city or town) Mary Land.	-
RG	UNFA upplied terms, e instru	13. NAME Charles Wallace	
MA	Sul n t	14. BIRTHPLACE (city or town)	Name of operation Oate of
	ly lain	(State or country)	What test confirmed diagnosis? Was there an autopsy?

19. UNCERTAKER

20, FILED 21- Turn Registrar,

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Oate of injury\_\_\_\_

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

if so, specify (Signed)\_ (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Where did injury occur?\_\_\_\_

Manner of injury Nature of injury\_\_\_\_\_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
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re te A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5239		
info sta sta	1. PLACE OF DEATH	93-0 1 31		
ould OCC	County Treducial Corporal	Registration Dist. No.		
item of should of OCC	Village or City treducing hid.	No. 2-2-7 £.5 Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
. 70	Length of residence In city, or town whara daath occurredyrsmos.			
Every CIANS tement	2. FULL NAME grating huton Wa	r Add War fran specify WAR		
COMD. PHYSIC	(a) Residence: No. 227 (Usus place of abode)	St., Ward. If nonresident give city or town and State		
PH PH act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NT RECO	3. SEX  4. COLOR OR RACE  Nale  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word)	21. DATE OF DEATH May 7, 193 6 (Yaar)		
MANEN A CT assified	5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Tusan Fisher Warfield	22. I HEREBY CERTIFY, That I attended deceased from  1936 to 2011		
ERI EX F Cl	6. DATE OF BIRTH (month, day, and year) 0 4 1 1859	i last saw h aliva on journal		
IS A PE stated E properly certificate	7. AGE Yaars Months Days if LESS than 1 day,	to hava occurrad on the data stated above, at		
IS A Pstated properlectifical	. 6 ormin.	Tha PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:		
he be lof co	8. Trada, 6: ofassion, or particular kind of work dona, as SPINNER, Robins Tarung SAWYER, BOOKKEEPER, atc.	was called from		
June 1	Industry or business in which	history obtained from		
	work was dona, as SILK MILL, SAW MILL, BANK, atc	Jamely probably died from		
H 10 40 0	this occupation (month and 2/28 spent in this form year)	Chrolie myocarditis 274		
NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Howard Co.	Other Contributory Causes of importance:		
AD.	(State or country) Red			
UNFA supplied n terms, ee instri	13. NAME Don't Ruon			
H U sup	13. NAME DON'T TOWN  14. BIRTHPLACE (city or town). (1)	Nama of operation Data of		
- 10	(Stata of country)	What test confirmed diagnosis? Was there an autopsy		
JACY, WIT be carefull; EATH in plimportant.	15. MAIDEN NAME DAY ROOM 16. BIRTHPLACE (city or town).	23. If daath was due to external causes (VIOLENCE) fill in also the following:		
CY, ca TH Port	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19  Whare did injury occur?		
E PLAINT should be OF DEAT	17. INFORMANT Mrs, 7. K. Haulon (Address) Frederica red.	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,		
	18. BURIAL, CREMATION, OR REMOVAL Place Jux of Cost Cost, Date May 9, 193	Mannar of injury		
mation CAUSI	19. UNDERTAKER 6-E. Colling Home (Address) Fredunck med.	24. Was disaasa or injury in any way ralatad to occupation of dacaasad?		
zi (T)	20. FILED T. May 186 Meuly Registrar.	(Signad) B. D. Horney M. D. (Addrass) M. D.		
	If more blanks are needed, address State Revistrar.	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1		

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B. B. Ohoma

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WINFE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5999
1. PLACE OF DEATH	82:0
County Fudersch	Registration Dist. No. 14
Village or City / Bruss sunch	No. St. Ward
Of	death occurred in a hospital or institution, give its NAME instead of street and number)
1- 1- 1-1-	ds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME MANY MINE WYNG	oop x
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH >
Or Divorced (write the word)	1936
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Joseph Wynewoh	22. IHEREBY CERTIFY, That I attended deceased from
N-11 1505	CPULLED 1996, 10 - HUSE 3., 19. 91
6. DATE OF BIRTH (month, day, and year) / 14 / 8 5 5 7. AGE Years Months Days If LESS than	last saw alive on death is sain
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
0 0   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Pour books of g
9. Industry or business in which	the continue to the
work was done, as SILK MILL, SAW MILL, BANK, etc.	
0. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	- f
(State or country)	Kylileulian
II 13. NAME Jumes Win works	
13. NAME Jumes WM Works  14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Martha Otley	23. If death was due to external causes (VIOLENCE) fill in also the following:
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The CLA DOL.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MY / Wully (Address) Organization Mol	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD	Manner of injury
Place Might Date many 5 1986	Nature of injury
P. 19-622 to . 4 = 100	24. Was disease on injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify 12.
Mina II St. Mar. 14 1	(Signed) My VII at Symauller
20. FILED WWW 19 19 DE Regisfat. S	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		10 La A. F. Sales St. Sale			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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